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UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

ROSEANNE SANCHEZ, et al.,

Plaintiff,

v.

BOSTON SCIENTIFIC CORPORATION,

Defendants.

Case No. CV 15-1245-JFW (JEMx)

**SECOND AMENDED NOTICE OF  
DESIGNATED DEPOSITION  
TESTIMONY OF KERRI  
WILTCHIK, M.D.**

**Trial: May 5, 2015**

Pursuant to the Court's Civil Trial Order of April 17, 2015 (Doc. 220),  
Defendant Boston Scientific Corporation ("Boston Scientific") and Plaintiffs Rosanne  
and Rod Sanchez ("Plaintiffs") submit the following second amended notice of  
designated deposition testimony of Kerri Wiltchik, M.D.

SECOND AMENDED NOTICE OF  
DESIGNATED DEPOSITION TESTIMONY OF  
KERRI WILTCHIK, M.D.

**PLAINTIFFS' POSITION ON BSC'S NEW OBJECTION**

After this Court addressed objections to Dr. Wiltchik's testimony, BSC decided to raise a new objection against previously un-objected testimony. In the parties' notice and amended notice for Dr. Wiltchik, Plaintiffs designated 124:22-125:2 as a counter designation. This testimony establishes that Dr. Wiltchik no longer uses mesh because her clinical experience revealed to her that mesh is dangerous. Once this Court excluded Plaintiffs' testimony on the MSDS that proved causation, Plaintiffs moved this counter-designation to their affirmative designation. Realizing the testimony proves causation, BSC decided to lodge a new objection. BSC argues that Dr. Wiltchik's decision to no longer use mesh is based on the FDA's finding that mesh for pelvic organ prolapse is dangerous. However, Dr. Wiltchik's testimony shows the decision was "based on [her] clinical practice":

122

Q. When assessing treatment options for your patients you considered the potential risks and benefits associated with those treatment options, right?

A. Correct.

Q. Am I correct that you get, much like you described before, that the information about treatment options for your patients with SUI and POP, the information you look to to identify those options, does that information also pertain to the risks and benefits of those treatment options?

MR. MORELAND: Form.

THE WITNESS: Yes.

BY MS. WEILER:

Q. And so am I correct that you looked to

17 medical literature to help you understand the risks and  
18 benefits associated with treatment options for POP?

19 A. Correct.

20 Q. And that you also look to medical  
21 literature to identify the risks and benefits associated  
22 with the treatment options available for SUI?

23 A. Correct.

24 Q. Do you as part of your practice, do you  
25 keep up with medical literature about SUI and POP?

123

1 A. I think so, yes.

2 Q. And do you often do that through ACOG it  
3 sounds like?

4 A. Through ACOG.

5 Q. And do you read medical literature on a  
6 regular basis?

7 A. Regular basis.

8 Q. Has that always been the case in your  
9 practice?

10 A. Yeah, it's important to stay current.

11 Q. Now, you continue to use mesh slings as  
12 part of your treatment options available to patients  
13 today; is that right?

14 A. Biologic mesh.

15 Q. And do you offer -- do you still use  
16 synthetic slings for your patients today?

1 17 A. For stress incontinence, yes.

2 18 Q. Yes. And so based on your clinical  
3 19 experience do you believe that mesh slings are an  
4 20 effective option for women as a treatment of SUI?

5 21 MR. MORELAND: Form.

6 22 THE WITNESS: Yes.

7 23 BY MS. WEILER:

8 24 Q. And do you also believe that synthetic  
9 25 slings for the treatment of SUI are a safe option for

11 124

12 1 women for the treatment of SUI?

13 2 MR. MORELAND: Form.

14 3 THE WITNESS: Yes.

15 4 BY MS. WEILER:

16 5 Q. Based on your clinical experience, do you  
17 6 believe that mesh with the treatment of POP can be an  
18 7 effective option for the treatment of POP in some  
19 8 women?

20 9 MR. MORELAND: Form.

21 10 THE WITNESS: Yes.

22 11 BY MS. WEILER:

23 12 Q. And based on your clinical practice do you  
24 13 believe that mesh for the treatment of POP can be a safe  
25 14 option for some women?

26 15 MR. MORELAND: I'm sorry to interrupt.

27 16 Synthetic mesh?  
28

1 17 MS. WEILER: Yes.

2 18 MR. MORELAND: Form.

3 19 THE WITNESS: Synthetic mesh is safe right  
4 20 now is what you're saying?

5 21 BY MS. WEILER:

6 22 **Q. No, my question is based on your clinical**  
7 **23 practice. Do you believe synthetic mesh for the**  
8 **24 treatment of pelvic organ prolapse can be a safe option**  
9 **25 for some women?**

10 125

11 1 MR. MORELAND: Form.

12 2 **THE WITNESS: Not anymore.**

13 The bolded testimony, unobjected to in Plaintiffs' counter designation, is what BSC  
14 now newly objects to because it is "testimony pertaining to the FDA". The Court  
15 should overrule BSC's new objection.

16 **BOSTON SCIENTIFIC'S POSITION ON PLAINTIFFS' FDA DESIGNATION**

17 This Court ruled on April 30, 2015, that testimony pertaining to the FDA within  
18 the deposition of Dr. Wiltchik was to be excluded based on plaintiffs' objection. The  
19 parties disagree as to whether a section of plaintiffs' designated testimony from the  
20 deposition of Dr. Wiltchik should also be struck pursuant to that order.

21 Plaintiffs seek to keep the following testimony included within their  
22 designation:

23 124:22-25, 125:2 [Plaintiffs]

24 124

25 22 Q. No, my question is based on your clinical  
26 23 practice. Do you believe synthetic mesh for the  
27 24 treatment of pelvic organ prolapse can be a safe option  
28 25 for some women?

125

2 THE WITNESS: Not anymore.

1  
2 Boston Scientific objects as this testimony is FDA testimony and should be  
3 excluded, along with all the other FDA testimony, pursuant to this Court's order on  
4 FDA evidence. The reason this testimony is FDA testimony is because Dr. Wiltchik  
5 unequivocally testified that she no longer uses synthetic mesh to treat pelvic organ  
6 prolapse because of the FDA's 2011 Public Health Notice, which has been excluded  
7 from admissibility in this action. She states earlier in her deposition:

8 29

9 11 Q. Okay. And this was an FDA safety  
12 communication. Can you read the date issued?

10 13 A. July 13, 2011.

11 14 Q. Okay. If you will look down about  
15 three-quarters of the way under Purpose.

12 16 A. Uh-huh.

13 17 Q. And there's a paragraph that starts with  
18 "The FDA is issuing this update." Do you see that?

14 19 A. Yes.

15 20 Q. Can you please read the first sentence?

16 21 A. "The FDA is issuing this update to inform  
17 22 you that serious complications associated with surgical  
18 23 mesh for transvaginal repair of POP are not rare."

19 24 Q. Okay. And then what does the next sentence  
20 25 say?

21 30

22 1 A. "This is a change from what the FDA  
23 2 previously reported on October 20, 2008."

24 3 Q. Okay. So here, and tell me if I'm giving a  
25 4 fair rendition of this, the '08 one said that the  
26 5 complications were rare and here they're saying, and  
27 6 it's even in bold, that they're not rare, true?

28 8 THE WITNESS: Correct.

9 10 Q. Okay. Now, I want to go back to your  
10 11 general practice. What, if any, role did this have in  
11 12 changing your practice with respect to pelvic organ  
12 13 repair?

13 15 **THE WITNESS: In 2011 when this FDA warning**  
14 16 **came out we stopped using mesh -- we stopped using,**

17 excuse me, synthetic mesh.

19 Q. Now, is that specific to pelvic organ

20 prolapse?

21 A. Yes.

22 Q. Okay. So from then or shortly thereafter  
23 neither yourself nor your partners utilized any of the  
24 pelvic organ prolapse repair kits; is that fair?

25 A. Correct.

7 While plaintiffs argue that Dr. Wiltchik's testimony at pages 124 and 125 was  
8 based on her clinical practice, this is rebutted by the question immediately following  
9 plaintiff's proposed designation, whose answer links it directly back to the testimony  
10 on the FDA 2011 PHN:

11 124:22-25, 125: 2 [Plaintiffs]

124

13 22 Q. No, my question is based on your clinical  
14 23 practice. Do you believe synthetic mesh for the  
15 24 treatment of pelvic organ prolapse can be a safe option  
16 25 for some women

125

17 2 THE WITNESS: Not anymore.

18 ...

19 4 Q. And that's since 2011?

20 5 A. Since the FDA came out, yeah.

21 Dr. Wiltchik's decision to stop using synthetic mesh to treat pelvic organ  
22 prolapse was not based on her clinical experience. It was based on the FDA's 2011  
23 Public Health Notice. Accordingly, Plaintiff's proposed proffer is inextricably  
24 intertwined with FDA evidence and should be excluded.

25 In the alternative, should the Court find this statement admissible despite its  
26 FDA order, Boston Scientific should be allowed to explain Dr. Wiltchik's reasoning,  
27 including the FDA's public health notice and the FDA's oversight role with respect to  
28

1 medical devices.<sup>1</sup> Without this context, Boston Scientific would be severely and  
2 unfairly prejudiced. The jury would be allowed to improperly and unfairly speculate  
3 regarding Dr. Wiltchik's reasons for no longer using synthetic mesh. The jury might  
4 speculate that Dr. Wiltchik believes mesh is not appropriate because of literature she  
5 has read, complications she has observed, or, more prejudicially, because of Ms.  
6 Sanchez's outcome. Plaintiffs' argument that their proposed "testimony proves  
7 causation" further illustrates the unfair prejudice to Boston Scientific as the fact that  
8 Dr. Wiltchik's decision was based on a regulatory document operates to rebut  
9 causation.

10 The Court has made clear that FDA testimony is inadmissible and this  
11 designation should be excluded.

12  
13 **Exhibits in Designated Deposition Testimony**

14 Pursuant to the Court's order at the hearing on April 30, 2015, the parties  
15 submit that the following exhibits are included in the designated deposition testimony  
16 of Kerri Wiltchik, M.D.:

17 18 19 20 21 22	Trial Ex No.	Description	Deposition Exhibit No.	Objection	Court Ruling
	PLT 125	<b>Pinnacle Pelvic Floor Repair Kits Anterior/Apical and Posterior DFU- Rev B</b> this document is the Directions for Use that were included with a Pinnacle Anterior/Apical and	3		Admitted

23 <sup>1</sup> Plaintiffs argue that Boston Scientific is asserting a "new objection against  
24 previously un-objected testimony;" however, that is incorrect. Boston Scientific is  
25 pointing out that the testimony is, at its core, FDA testimony and should be  
26 included within the order granting plaintiffs' request to exclude FDA evidence. If  
27 this testimony is admitted, it should likewise open the door to FDA evidence that is  
28 essential to put this testimony in the proper context. At the time Plaintiffs'  
designated this testimony (as a counter designation to Boston Scientific's  
affirmative designations) FDA contextual evidence was included in Boston  
Scientific's designations and otherwise objected to by Plaintiff. Boston Scientific  
did not object to this testimony as it believes FDA evidence *in its entirety* should be  
admissible. Plaintiffs should not be permitted to admit only the FDA testimony  
helpful to their case.



	Pinnacle Posterior PFR Kit from 2009. This document contains a statement acknowledging that no randomized controlled trials were conducted prior to the release of the Pinnacle PFR Kit.			
DX 15	Agreed Upon Set of Medical Records	1, 11		Admitted
DX 7	Advantage Fit Directions for Use Revision B dated 2009.	3		Admitted
DX 55	AUGS Position Statement on Restriction of Surgical Options for Pelvic Floor Disorders	13		Admitted

**Testimony Designated by Plaintiffs**

TESTIMONY	OBJECTION	RESPONSE
<p>5:7-15 [PLAINTIFFS]</p> <p>7 Q. Good morning, Doctor. How are you?</p> <p>8 A. Doing well.</p> <p>9 Q. Could you state your full name for the</p> <p>10 record, please.</p> <p>11 A. Kerri Sue Wiltchik.</p> <p>12 Q. Okay. And can you tell us just generally</p> <p>13 what it is that you do professionally?</p> <p>14 A. I am a general gynecologist. I'm board</p> <p>15 certified in OB-GYN. In 2003 I stopped doing</p> <p>5:16-25 [BOSTON SCIENTIFIC - COMPLETENESS DESIGNATION]</p> <p>16 <i>deliveries, I stopped doing OB due to malpractice</i></p> <p>17 <i>insurance rates, so ever since that time I just practice</i></p> <p>18 <i>gynecology.</i></p> <p>19 <i>Q. Just to give a little bit of</i></p> <p>20 <i>background, my name's Mike Moreland, I represent Mr.</i></p> <p>21 <i>and</i></p> <p>22 <i>Mrs. Sanchez in a lawsuit against Boston Scientific. Do</i></p> <p>23 <i>you understand that?</i></p> <p>24 A. Understood.</p> <p>25 Q. We have met before, correct?</p> <p>26 A. Correct.</p> <p>9:13-23 [PLAINTIFFS]</p> <p>13 Q. Talk to me a little bit about your general</p> <p>14 practice, and why don't we just start with your</p> <p>15 education.</p> <p>16 A. So I went to Kenyon College in Ohio for</p> <p>17 undergraduate after high school. I then went on to</p> <p>18 Chicago Medical School. After that I went and I did</p> <p>19 one</p> <p>20 year of internship in internal medicine at L.A. County</p> <p>21 USC, then went and did a preliminary year of OB-GYN</p> <p>22 at</p> <p>23 L.A. County - USC, then I finished my residency in</p> <p>24 Lehigh Valley, Pennsylvania, and then from there I</p> <p>25 moved</p> <p>26 here and started my job.</p>		

1	TESTIMONY	OBJECTION	RESPONSE
2	10:12-16 [PLAINTIFFS]		
3	12 Q. Okay. We're here to talk specifically		
4	13 about Ms. Sanchez, your treatment of Ms. Sanchez, but		
5	14 also generally about Boston Scientific pelvic products.		
6	15 Do you understand?		
7	16 A. Yes.		
8	12:6-24 [PLAINTIFFS]		
9	6 Q. What is stress urinary incontinence?		
10	7 A. Stress urinary incontinence is when a woman		
11	8 loses urine when she coughs, sneezes, laughs, certain		
12	9 things, and it's really a pelvic floor muscle, I'm not		
13	10 sure what it's called, weakened.		
14	11 Q. Okay. Is stress urinary incontinence a		
15	12 life-threatening condition?		
16	13 A. No.		
17	14 Q. What about with respect to pelvic organ		
18	15 prolapse, just generally speaking can you kind of give		
19	16 me the same information?		
20	17 A. Same thing, so women have pelvic organ		
21	18 prolapse, they can have their bowel, their bladder,		
22	19 their uterus, things can be moving south essentially.		
23	20 And that has to do with life changes, it has to do with		
24	21 pregnancies, many different factors, genetics. And it's		
25	22 not necessarily life threatening, but it's very		
26	23 uncomfortable and can interfere with your activities,		
27	24 many times more than even stress incontinence.		
28	12:25-13:3 [BOSTON SCIENTIFIC COMPLETENESS DESIGNATION]		
	25 Q. Now, up until the time in January of 2010		
	1 when you implanted Ms. Sanchez, can you kind of give		
	me		
	2 the same information about the pelvic floor repair kits		
	3 that you used?		
	13:5-22 [BOSTON SCIENTIFIC COMPLETENESS DESIGNATION]		
	5 THE WITNESS: So up until that time?		
	6 BY MR. MORELAND:		
	7 Q. Yes, ma'am.		
	8 A. So when we first started using mesh we used		
	9 different types of mesh, and we were just putting it in,		
	10 we didn't use a kit. We would use the Capio device and		
	11 do the entire procedure ourselves. We didn't		
	12 particularly care for the kits. Then the Boston		

1	TESTIMONY	OBJECTION	RESPONSE
2	13 Scientific people came to us and showed us that the		
3	14 exact same thing we were doing using the Capio and		
4	15 suturing in the different mesh products was essentially		
5	16 the same as what their product was doing. So their		
6	17 product then would -- the Pinnacle Prolene mesh kit		
7	18 would really improve the time and how, I guess quick,		
8	19 you don't want to say it's only for quick, it's just the		
9	20 procedure itself would be simplified, but it was		
10	21 essentially the same procedure we were performing, so		
11	22 we		
12	23 decided to try it and went from there.		
13	13:23-14:2 [PLAINTIFFS]		
14	23 Q. Okay. And if you recall in January 13th of		
15	24 2010 do you recall what products were implanted in		
16	25 Ms. Sanchez?		
17	14		
18	1 A. The Pinnacle Prolene mesh kit as well as		
19	2 the Advantage Fit tape.		
20	7:1-7:20 [PLAINTIFFS]		
21	1 Q. You in the regular course of your treatment		
22	2 just in general have occasion to prescribe drugs,		
23	3 true?		
24	4 A. Correct.		
25	5 Q. And you also have occasion to provide -- to		
26	6 prescribe devices, correct?		
27	7 A. Correct.		
28	8 Q. Okay. In the course of making a decision		
29	9 about whether or not to prescribe a drug or a device do		
30	10 you do a risk/benefit analysis?		
31	11 A. Yeah.		
32	12 Q. What does that entail?		
33	13 A. So I hesitated because of -- essentially		
34	14 you get the information that you can find, whether it's		
35	15 from the company and the representative that they hand		
36	16 you different articles, and you then look -- we practice		
37	17 in our office by ACOG standards, which is American		
38	18 College of OB-GYN, so many times ACOG has some		
39	19 general		
40	20 guidelines of what you should do and what you ought		
41	21 not		
42	22 to do.		
43	7:23-8:7 [PLAINTIFFS]		
44	23 Is it a fair statement to say that		

	TESTIMONY	OBJECTION	RESPONSE
1			
24	virtually any drug or device is going to have some		
25	adverse risk to it?		
	8		
1	A. Absolutely.		
2	Q. Okay. And you obviously as a physician		
3	hope that the -- or wouldn't use the device or drug if		
4	you didn't think the benefit outweighed that risk, true?		
5	A. Correct.		
6	Q. Okay. Is it important to you that you're		
7	made aware of all the risks?		
8	8:11-14 [PLAINTIFFS]		
11	A. Absolutely.		
12	Q. Okay. And generally speaking, you know,		
13	you have the risk itself. Is it also important to you		
14	to know the frequency of that risk?		
11	8:17 [PLAINTIFFS]		
17	THE WITNESS: Yes.		
13	8:19-20 [PLAINTIFFS]		
19	Q. Okay. Is it also important to you to know		
20	the severity of that risk?		
8:22 [PLAINTIFFS]			
22	THE WITNESS: Yes.		
8:24-9:1 [PLAINTIFFS]			
24	Q. And do you expect that the manufacturer of		
25	a drug or device would give you complete and accurate		
	9		
1	information about their product?		
9:4			
4	THE WITNESS: Yes.		
9:6-8 [PLAINTIFFS]			
6	Q. Do you expect that that manufacturer would		
7	be truthful and give you full disclosure about the risk		
8	as well as the benefit?		
9:11 [PLAINTIFFS]			
11	THE WITNESS: Yes.		
14:3-8 [PLAINTIFFS]			
3	Q. Okay. I want to talk -- I want to go on		
4	now and talk specifically about your treatment of		
5	Ms. Sanchez. And I think we just discussed that the		
6	original implantation was in January of 2010; is that		
7	right?		
8	A. Correct.		

1	TESTIMONY	OBJECTION	RESPONSE
2	14:21-23 [PLAINTIFFS] [Referencing Def. Ex. 15]		
3	21 Q. Okay. If you could turn to the operative		
4	22 record from January 13, 2010. Do you have that?		
5	23 A. Yes.		
6	15:3-13 [PLAINTIFFS] [Referencing Def. Ex. 15]		
7	3 Q. Okay. Can you tell me what is the		
8	4 preoperative diagnosis on this report?		
9	5 A. Symptomatic uterovaginal prolapse and		
10	6 midline cystocele.		
11	7 Q. And then the surgery that was actually		
12	8 performed, what was that?		
13	9 A. A vaginal hysterectomy, bilateral		
14	10 sacrospinous ligament vaginal vault suspension,		
15	11 anterior		
16	12 and posterior repairs with a Pinnacle Prolene mesh kit,		
17	13 pubovaginal sling with Advantage Fit tape and		
18	14 diagnostic		
19	15 cystoscopy.		
20	16:19-23 [PLAINTIFFS] [Referencing Def. Ex. 15]		
21	19 Q. If you look at the -- first of all, this		
22	20 was a procedure done under general anesthesia,		
23	21 correct?		
24	22 A. Correct.		
25	23 Q. Okay. And can you tell looking here what		
26	17:5-8 [PLAINTIFFS]		
27	5 Q. Okay. And looking through this does it		
28	6 appear to you that there were any complications during		
	7 the procedure?		
	8 A. No.		
	18:12-19:13 [PLAINTIFFS]		
	12 Q. Okay. And so let me ask you this:		
	13 Separate and apart from this, would you have a		
	14 discussion with Ms. Sanchez or did you have a		
	15 discussion with Ms. Sanchez about the procedure?		
	16 A. Yes.		
	17 Q. And just can you tell us what that		
	18 conversation or discussion was?		
	19 A. For every pre-op case I always talk to		
	20 patients about the risks, the benefits of the procedure,		
	21 things that they can expect. We talk about bleeding, we		
	22 talk about infection. We talk about injury to the		
	23 neighboring organs, bowel, bladder, and just the		
	24 understanding that surgery is never perfect and that,		

1	TESTIMONY	OBJECTION	RESPONSE
2	25 you know, you're never going to be 20 again, just the		
3	1 best you can do.		
4	2 Q. As much as we'd like to be?		
5	3 A. Yeah.		
6	4 Q. Did you have a discussion with Ms. Sanchez		
7	5 specific to the mesh products that were being placed?		
8	6 A. Yes. So in a patient where I would be		
9	7 placing mesh I always tell them there are risks with the		
10	8 mesh, risk of erosion, risk of pain. But again, I would		
11	9 probably have told her, I can't specifically -- that		
12	10 I've used this product many times and I didn't foresee		
13	11 any issues.		
14	12 Q. Was it your understanding at that time that		
15	13 those types of complications were rare?		
16	19:16-18 [PLAINTIFFS]		
17	16 THE WITNESS: Anecdotally to my practice		
18	17 they were rare, and my understanding it was not a big		
19	18 problem in the literature.		
20	19:20-22 [PLAINTIFFS]		
21	20 Q. Okay. And were you ever given any		
22	21 information about whether or not it was rare by Boston		
23	22 Scientific sales representatives?		
24	19:25-20:2 [PLAINTIFFS]		
25	25 THE WITNESS: I can't say if they		
26	20		
27	1 specifically gave me something about erosion, but just		
28	2 in general told us that the complications were rare.		
29			
30	21:13-22:5 [PLAINTIFFS] [Referencing Pltfs. Ex. 125]		
31	13 Q. Okay. And this is a Pinnacle pelvic repair		
32	14 kits direction for use, correct?		
33	15 A. Correct.		
34	16 Q. You've seen this before, correct?		
35	17 A. I'm assuming so, yes. Correct. Years		
36	18 ago.		
37	19 Q. If you look, and I guess let me just ask		
38	20 you this: I assume that in addition to the directions		
39	21 for use that you would have looked at other information		
40	22 also in doing your risk/benefit analysis, fair?		
41	23 A. Fair. Yes.		
42	24 Q. Other than directions for use, what else		
43	25 would you have looked at?		

1	TESTIMONY	22	OBJECTION	RESPONSE
2	1 A. So usually the drug reps or the device reps			
3	2 would bring different articles and literature about the			
4	3 studies performed using the specific device so that you			
5	4 could get a better risk analysis, and discussed it with			
6	5 them.			
7	22:10-24 [PLAINTIFFS] [Referencing Pltfs. Ex. 125]			
8	10 Q. Sure. If you'll turn with me to Page 4,			
9	11 and if you look at the top left in bold. What does			
10	12 that say?			
11	13 A. Warnings/potential complications.			
12	14 Q. And then if you look on the right side			
13	15 about halfway down there's another bolded category,			
14	16 what			
15	17 is that?			
16	18 A. Adverse events.			
17	19 Q. In your clinical practice do those phrases			
18	20 have different meanings to you?			
19	21 A. Yes.			
20	22 Q. What are they?			
21	23 A. A warning of potential complication is			
22	24 something very serious, and adverse event is just			
23	25 something to be aware of.			
24	23:8-20 [PLAINTIFFS] [Referencing Pltfs. Ex. 125]			
25	8 Q. If you look down 5th from the bottom under			
26	9 the warnings/potential complications section, and that			
27	10 section indicates that "Known risks of surgical			
28	11 procedures for the treatment of prolapse include pain,			
	12 infection, erosion/exposure, device migration, complete			
	13 failure of the procedure resulting in recurrent or			
	14 de Novo prolapse and/or incontinence." Did I read that			
	15 right?			
	16 A. Correct.			
	17 Q. Anywhere in that section do you see any			
	18 information given to you about the occurrence rates of			
	19 those types of known complications, potential			
	20 complications?			
	23:23 [PLAINTIFFS]			
	23 THE WITNESS: No.			
	23:25 - 24:1 [PLAINTIFFS]			
	25 Q. Is that the type of information that you			
	24			
	1 would have wanted to know?			



1	TESTIMONY	OBJECTION	RESPONSE
2	24:4 [PLAINTIFFS]		
3	4 THE WITNESS: Yes.		
4	24:6-8 [PLAINTIFFS]		
5	6 Q. Okay. And is that the type of information		
6	7 that you would expect that as a manufacturer of this		
7	8 device that you would get?		
8	24:11 [PLAINTIFFS]		
9	11 THE WITNESS: Yes.		
10	24:13-14 [PLAINTIFFS] [Referencing Pltfs. Ex. 125]		
11	13 Q. Okay. Anywhere in that section does it		
12	14 speak to the severity of those conditions?		
13	24:17 [PLAINTIFFS]		
14	17 THE WITNESS: No.		
15	24:19-21 [PLAINTIFFS]		
16	19 Q. Is that the type of information that would		
17	20 be important to you in making your risk/benefit		
18	21 analysis?		
19	24:23 [PLAINTIFFS]		
20	23 THE WITNESS: Yes.		
21	24:25 - 25:5 [PLAINTIFFS] [Referencing Pltfs. Ex. 125]		
22	25 Q. Okay. If you go to the adverse event		
23	25		
24	1 section, do you see there where it lists dyspareunia?		
25	2 A. Yes.		
26	3 Q. Take a moment, I want you to go back and		
27	4 look at the warnings/potential complications and let me		
28	5 know if you see that anywhere in there.		
	25:8 [PLAINTIFFS] [Referencing Pltfs. Ex. 125]		
	8 THE WITNESS: Not specifically.		
	25:10-17 [PLAINTIFFS] [Referencing Pltfs. Ex. 125]		
	10 Q. Okay. And I want to go back to -- so the		
	11 only place that you see that listed is under adverse		
	12 events, correct?		
	13 A. Correct.		
	14 Q. And you testified earlier that that would		
	15 mean something different to you having that placed		

1	TESTIMONY	OBJECTION	RESPONSE
2	under		
3	16 adverse events than it would under the prior category?		
4	17 THE WITNESS: Correct.		
5	25:21-24 [PLAINTIFFS]		
6	21 Q. If dyspareunia had been listed in that		
7	22 prior section, would that have changed the way that you		
8	23 would have consented, or the discussion that you would		
9	24 have had with Ms. Sanchez?		
10	26:2 [PLAINTIFFS]		
11	2 THE WITNESS: Yes.		
12	26:4-6 [PLAINTIFFS]		
13	4 Q. And meaning that you would have placed more		
14	5 emphasis and you would have disclosed that to her,		
15	6 correct?		
16	26:8 [PLAINTIFFS]		
17	8 THE WITNESS: Correct.		
18	26:10-15 [PLAINTIFFS] [Referencing Pltfs. Ex. 125]		
19	10 Q. If you go back to the section we looked at		
20	11 one, two, three, four, the fifth one from the bottom on		
21	12 the warning section, it talks about pain?		
22	13 A. Uh-huh.		
23	14 Q. What was your understanding of the type of		
24	15 pain that was referencing?		
25	26:18-19 [PLAINTIFFS] [Referencing Pltfs. Ex. 125]		
26	18 THE WITNESS: Pain of the insertion of the		
27	19 device, not necessarily long-term pain.		
28	26:21-27:1 [PLAINTIFFS]		
	21 Q. Okay. So there is going to be some pain		
	22 associated with the procedure itself?		
	23 A. Correct.		
	24 Q. And you did not understand that to tell you		
	25 that there would be potentially pain months, years down		
	27		
	1 the road, fair?		
	27:4 [PLAINTIFFS] [Referencing Pltfs. Ex. 125]		
	4 THE WITNESS: Fair.		
	27:6-8 [PLAINTIFFS]		
	6 Q. And is that the type of information that		

1	TESTIMONY	OBJECTION	RESPONSE
2	7 you would have wanted to know in making your 8 risk/benefit analysis with Ms. Sanchez?		
3	27:10 [PLAINTIFFS]		
4	10 THE WITNESS: Yes.		
5	27:12-14 [PLAINTIFFS]		
6	12 Q. And if you had had that information is that 13 the type of information you would have conveyed to 14 Ms. Sanchez?		
7			
8	27:17 [PLAINTIFFS]		
9	17 THE WITNESS: Yes.		
10	124:22-25 [PLAINTIFFS]	124:22-125:2	124:22-125:2
11	22 Q. No, my question is based on your clinical 23 practice. Do you believe synthetic mesh for the 24 treatment of pelvic organ prolapse can be a safe option 25 for some women?	[BSC] This testimony is precluded by the Court's previous ruling excluding FDA testimony pursuant to Plaintiffs' FDA objection.	[PLAINTIFFS] New Objection Response
12			
13	125:2 [PLAINTIFFS]		
14	2 THE WITNESS: Not anymore.		
15			
16			
17			
18	19 Q. I want to go back and talk to you a little 20 bit about more specifically the medical records 21 regarding your treatment of Ms. Sanchez. Okay? Kind 22 of 23 shifting gears here.		
19	24 A. Okay.		
20	181:2-12 [PLAINTIFFS] [Referencing Def. Ex. 15]		
21	2 Q. And Ms. Sanchez' first postoperative visit 3 was on the 26th of January, right?		
22	4 A. Uh-huh.		
23	5 Q. And it looks like in her HPI at the top 6 that she was having discharge; is that right?		
24	7 A. What page?		
25	8 Q. Sorry. 52 of Exhibit 11.		
26	9 A. Correct.		
27	10 Q. Is vaginal discharge something that often 11 occurs postsurgery?		
28	12 A. Very common.		

1	TESTIMONY	OBJECTION	RESPONSE
2	181:14-16 [PLAINTIFFS] [Referencing Def. Ex. 15]		
3	14 BY MS. WEILER:		
4	15 Q. And it often occurs after this type of		
5	16 surgery?		
6	181:18 [PLAINTIFFS] [Referencing Def. Ex. 15]		
7	18 THE WITNESS: Very common.		
8	181:20-21 [PLAINTIFFS] [Referencing Def. Ex. 15]		
9	20 Q. So that wasn't an unusual finding, in your		
10	21 mind?		
11	181:23-182:2 [PLAINTIFFS] [Referencing Def. Ex. 15]		
12	23 THE WITNESS: At that time, no.		
13	24 BY MS. WEILER:		
14	25 Q. And it says, "Patient otherwise feels well,		
15	182		
16	1 and the pain is improving."		
17	2 A. Correct.		
18	182:8-17 [PLAINTIFFS] [Referencing Def. Ex. 15]		
19	8 Q. So you saw her next in mid-February. Was		
20	9 that a regularly scheduled appointment or did she come		
21	10 in before the standard follow-up date?		
22	11 A. What page are you on?		
23	12 Q. Now I'm on 50.		
24	13 A. Sorry. It looks like that was an extra		
25	14 visit.		
26	15 Q. Okay. Do you know why she came in that		
27	16 day?		
28	17 A. It says because she was having discharge.		
29	182:24-183:24 [PLAINTIFFS] [Referencing Def. Ex. 15]		
30	24 Q. Down below under Treatment it says,		
31	25 "Post-op." It says, "Patient discharge is worse due to		
32	183		
33	1 the stitches dissolving."		
34	2 A. Correct.		
35	3 Q. "But it is also attributed to bacterial		
36	4 vaginosis." Did I read that correctly?		
37	5 A. Correct.		
38	6 Q. What did you mean by "stitches dissolving"?		
39	7 A. As the stitches dissolve, usually around		
40	8 three to four weeks you get a discharge, it's kind of a		
41	9 goopy brownish tan discharge.		
42	10 Q. Is that what you associated her discharge		

	TESTIMONY	OBJECTION	RESPONSE
1	11 with at that time?		
2	12 A. That's what I thought. It's not alarming		
3	13 at that point in your postoperative healing.		
4	14 Q. And then I guess you next saw her on the		
5	15 23rd of February, I'm looking at Page 48 now.		
6	16 A. Correct.		
7	17 Q. Is that the standard follow up?		
8	18 A. That's the standard follow up, that's six		
9	19 weeks.		
10	20 Q. So at that time she says she's feeling		
11	21 well?		
12	22 A. Uh-huh.		
13	183:25-184:2 [BOSTON SCIENTIFIC COMPLETENESS DESIGNATION]		
14	25 Q. Did you give her clearance to resume all		
15	1 activity at that time?		184
16	2 A. I did.		
17	184:3-5 [PLAINTIFFS] [Referencing Def. Ex. 15]		
18	3 Q. The next record I see it for April 9th,		
19	4 2010, I'm on Page 46. Do you see that?		
20	5 A. Uh-huh.		
21	184:19-21 [BOSTON SCIENTIFIC COMPLETENESS DESIGNATION]		
22	19 Q. Well, actually it says her husband does not		
23	20 feel in during intercourse; is that right?		
24	21 A. Oh, I'm sorry. At this time, yes.		
25	185:4-12 [PLAINTIFFS] [Referencing Def. Ex. 15]		
26	4 Q. Okay. I see down at the bottom under		
27	5 Treatment you said -- it's indicated "Patient will use		
28	6 Vagifem and stop intercourse and monitor her		
	symptoms.		
	7 She understands that a few treatments may be required		
	8 before the exposed mesh areas are completely covered		
	and		
	9 her symptoms resolve." Did I read that correctly?		
	10 A. Correct.		
	11 Q. Did you convey that to Ms. Sanchez?		
	12 A. Yes.		
	185:19-186:3 [PLAINTIFFS] [Referencing Def. Ex. 15]		
	19 Q. And what is the Vagifem?		
	20 A. Vagifem is a vaginal estrogen. Vagifem		

1	TESTIMONY	OBJECTION	RESPONSE
21	comes in a little tablet, so it's not as messy as		
22	creams, and we tended to have samples at that time so it		
23	was sort of nice, just give them some samples.		
24	Q. What was the intention behind the		
25	prescribing that?		
	186		
1	A. The intention is to help the mucosa sort of		
2	cover over the exposed area, just promote healing. Very		
3	atrophic vagina does not heal well.		
49:8-9	[PLAINTIFFS] [Referencing Def. Ex. 15]		
8	Q. Okay. And if you look at your record dated		
9	May 3rd, 2010.		
49:17-50:7	[PLAINTIFFS] [Referencing Def. Ex. 15]		
17	Q. Okay. Can you tell me what the diagnosis		
18	is on that date?		
19	A. Complications due to genitourinary device,		
20	graft and implant.		
21	Q. What specifically is that referring to?		
22	A. The exposed mesh from the Pinnacle		
23	product.		
24	Q. Okay. And can you tell us what, if		
25	anything, you did at that time to treat Ms. Sanchez?		
50			
1	A. It looks like I excised the exposed mesh		
2	that I could see, I applied silver nitrate, and then was		
3	continuing the vaginal estrogen product.		
4	Q. Okay. And to the extent that you recall		
5	during the course of your treatment with her at that		
6	time did she express any emotion about how she was		
7	feeling as a result of these complications?		
50:10-14	[PLAINTIFFS] [Referencing Def. Ex. 15]		
10	THE WITNESS: Same thing, she was very		
11	frustrated. It was interfering with her sex life, it		
12	was interfering with her then -- because of that with		
13	the relationship with her husband. It was just		
14	frustrating. She wanted it all to be back to normal.		
50:16-17	[PLAINTIFFS] [Referencing Def. Ex. 15]		
16	Q. Okay. If you turn to your record dated		
17	June 18th, 2010.		
50:23-52:3	[PLAINTIFFS] [Referencing Def. Ex. 15]		
23	A. Oh, that says, "Op report." Yes, I have		
24	that. Yes.		

	TESTIMONY	OBJECTION	RESPONSE
1	25 Q. So that's an operative report?		
2	51		
3	1 A. Correct.		
4	2 Q. Okay. And what's the date?		
5	3 A. June 18th, 2010.		
6	4 Q. This was for Ms. Sanchez, correct?		
7	5 A. Correct.		
8	6 Q. Okay. And can you tell us what your		
9	7 preoperative diagnosis was?		
10	8 A. Exposed mesh status post pelvic		
11	9 reconstruction with a Pinnacle propylene mesh kit.		
12	10 Q. Okay. What was the actual operation that		
13	11 you performed that day?		
14	12 A. Excision of exposed mesh.		
15	13 Q. What were your findings?		
16	14 A. A large portion of exposed mesh anteriorly		
17	15 on the posterior aspect of the midline incision		
18	16 approximately two centimeters in length.		
19	17 Q. Was this procedure performed under general		
20	18 anesthesia?		
21	19 A. Yes.		
22	20 Q. Are there risks associated with having a		
23	21 procedure under general anesthesia?		
24	22 A. Yes.		
25	23 Q. What are some of those?		
26	24 A. Well, the risk of the medication itself,		
27	25 the risk of just being put to sleep essentially.		
28	52		
	1 Q. And this, again -- well, let me ask you.		
	2 From a medical standpoint why was, if it was, this		
	3 procedure medically necessary?		
	52:5-12 [PLAINTIFFS] [Referencing Def. Ex. 15]		
	5 THE WITNESS: So the mesh that we were		
	6 trying to treat in the office, it seemed to be		
	7 increasing in size and was -- she wanted definitive		
	8 treatment. She was frustrated and just wanted it to be		
	9 over. So the thought was if she was put under		
	10 anesthesia good exposure could be visually performed		
	11 so		
	12 that the entire area of problem could be taken care		
	13 of.		
	52:14-17 [PLAINTIFFS] [Referencing Def. Ex. 15]		
	14 Q. Okay. And did this procedure in fact		
	15 provide the relief that Ms. Sanchez was trying to		
	16 find?		

1	TESTIMONY	OBJECTION	RESPONSE
2	17 A. No.		
3	52:20-22 [PLAINTIFFS] [Referencing Def. Ex. 15]		
4	20 Q. If you'll look at the operative report		
5	21 dated October 12th, 2010. Do you have that?		
6	22 A. Uh-huh, yes.		
7	53:2-54:15 [PLAINTIFFS] [Referencing Def. Ex. 15]		
8	2 Q. Okay. And have you seen this document		
9	3 before?		
10	4 A. Yes.		
11	5 Q. What's the date of the document?		
12	6 A. October 12th, 2010.		
13	7 Q. Okay. And what is the preoperative		
14	8 diagnosis?		
15	9 A. Exposed vaginal mesh.		
16	10 Q. And what procedure was actually		
17	11 performed?		
18	12 A. Excision of exposed mesh.		
19	13 Q. And was this, again, performed under a		
20	14 general anesthesia?		
21	15 A. Yes.		
22	186:21-22 [PLAINTIFFS] [Referencing Def. Ex. 15]		
23	21 Q. Did you have an assessment as to why that		
24	22 was occurring?		
25	186:24 [PLAINTIFFS] [Referencing Def. Ex. 15]		
26	24 THE WITNESS: Not why.		
27	187:2-7 [BOSTON SCIENTIFIC COMPLETENESS		
28	DESIGNATION]		
29	2 Q. Just above that it says, "She had been		
30	3 treated for months in the office with small amounts of		
31	4 excision of exposed mesh." When you say "small		
32	5 amounts," how much were you were excising?		
33	6 A. I think not even a centimeter, we're		
34	7 talking millimeters.		
35	188:9-189:8 [PLAINTIFFS] [Referencing Def. Ex. 15]		
36	9 Q. If you could look at -- I'm looking now		
37	10 back at Exhibit 11, Page 27, it's progress notes for		
38	11 11/15/2010.		
39	12 A. Uh-huh.		
40	13 Q. Exhibit 11, No. 27. So the progress notes		
41	14 for November 15th, 2010.		
42	15 A. Sure.		
43	16 Q. It looks like Ms. Sanchez presented for		



1	TESTIMONY	OBJECTION	RESPONSE
17	complaints of abnormal vaginal bleeding?		
18	A. Uh-huh.		
19	Q. Is that right?		
20	A. Correct.		
21	Q. And then down below under Treatment it		
22	says, "Patient understands this bleeding may be the		
23	suture material dissolving." Did I read that		
24	correctly?		
25	A. Page 27.		
	189		
1	Q. Under post-op, last sentence.		
2	A. Oh, yes. Sorry.		
3	Q. So did you tell that to Ms. Sanchez?		
4	A. Yes, it's the same thing as we said on a		
5	previous, when she had original surgery, when the		
6	sutures start dissolving in three to four weeks out you		
7	can get a funky discharge. So it's really hard to say		
8	is it an infection or is it the sutures dissolving.		
189:9-25	[BOSTON SCIENTIFIC COMPLETENESS DESIGNATION]		
9	Q. Was it your impression that it could very		
10	well just be -- the discharge she was having very well		
11	could have been the sutures dissolving?		
12	A. It could have been. I treated empirically		
13	with a vaginal antibiotic which can also promote		
14	healing, which is also not necessarily harmful, it		
15	wasn't systemic.		
16	Q. It also says, "She was having some		
17	abdominal pain and cramping on that date." Did I read		
18	that correctly?		
19	A. Yes.		
20	Q. Did you assess why that may have been		
21	occurring?		
22	A. Specifically on this paper I can't say that		
23	I did. With her history of irritable bowel disease you		
24	just never -- you never know. It was mentioned, that's		
25	all I can say.		
53:16-54:14	[PLAINTIFFS] [Referencing Def. Ex. 15]		
16	Q. Now, if you go through, and I'll try to be		
17	brief, but on April 11th of 2011 you had an office visit		
18	with Ms. Sanchez; is that correct?		
19	A. Correct.		
20	Q. And what was the purpose of her visit that		
21	day?		
22	A. That she was having problems with bleeding,		

1	TESTIMONY	OBJECTION	RESPONSE
23	discharge, problems with her bladder.		
24	Q. Okay. And again, there was exposed mesh;		
25	is that correct?		
3	54		
4	1 A. Exposed mesh, yes.		
5	2 Q. What procedure did you perform?		
6	3 A. So I, again, excised the mesh in the		
7	4 office, applied silver nitrate, and used vaginal		
8	5 estrogen.		
9	6 Q. Okay. Now, prior to this we've looked at		
10	7 operative reports that show two procedures under		
11	8 general		
12	9 anesthesia in order to excise mesh; is that right?		
13	10 A. Correct.		
14	11 Q. Okay. And despite having performed those		
15	12 two procedures under general anesthesia she was still		
16	13 having -- she was still coming in with complaints about		
17	14 exposed mesh; is that fair?		
18	15 A. Yes.		
19	190:25-191:21 [PLAINTIFFS] [Referencing Def. Ex. 15]		
20	25 Q. If you could also turn then to Page 19,		
21	191		
22	1 this is May 11th, 2011 progress notes.		
23	2 A. Uh-huh.		
24	3 Q. Again, under the History of Present Illness		
25	4 "Patient feels well since more mesh was excised." Did I		
26	5 read that correctly?		
27	6 A. Correct.		
28	7 Q. And "The discharge is almost gone and she		
29	8 feels well."		
30	9 A. Correct.		
31	10 Q. Down below under Treatment it says,		
32	11 "Discussed at length patient's reaction to mesh and		
33	12 propensity for body to expel mesh." Did I read that		
34	13 correctly?		
35	14 A. Uh-huh.		
36	15 Q. What did you mean by that?		
37	16 A. Well, because she was asking how come this,		
38	17 and I told her I don't have -- she's the only person in		
39	18 my practice that I know of who went for two excisions		
40	19 of		
41	20 mesh and had all of this, and I told her I have no idea		
42	21 why this is happening and for some reason your body		
43	22 doesn't like it, so that's what I meant.		
44	55:19-56:6 [PLAINTIFFS] [Referencing Def. Ex. 15]		

1	TESTIMONY	OBJECTION	RESPONSE
19	Q. Okay. Now, I have also, if you'll flip		
20	through your chart on Exhibit 1, on July 8th of 2011		
21	there was an additional in-office mesh trimming. Does		
22	that look right to you?		
23	A. July of 2008?		
24	Q. July 8th of 2011.		
25	A. Probably. Sorry, I'll get there. I was		
	56		
1	still in April. Yes, I have it.		
2	Q. Okay. And what was the history of present		
3	illness there?		
4	A. 44 year old with vaginal discharge blood		
5	tinged without pain, her husband does notice some		
6	exposed mesh areas on occasion.		
56:18-25 [PLAINTIFFS] [Referencing Def. Ex. 15]			
18	Q. Okay. And if you -- in the interest of		
19	brevity I just want to kind of go through these		
20	relatively quickly, but on October 17th, 2011 I have		
21	that there was exposed mesh that was excised and silver		
22	nitrate applied. Can you find that record and confirm		
23	that for me?		
24	A. Yes. October 17th, is that what you said?		
25	Q. Yes.		
57:4-8 [PLAINTIFFS] [Referencing Def. Ex. 15]			
4	Q. So she came in again with complications		
5	associated with the mesh, true?		
6	A. True.		
7	Q. And then on August 29th, 2012.		
8	A. Yes.		
57:13-15 [PLAINTIFFS] [Referencing Def. Ex. 15]			
13	Q. Again, this was complications due to the		
14	implanted mesh, correct?		
15	A. Correct.		
57:24-58:3 [PLAINTIFFS] [Referencing Def. Ex. 15]			
24	Q. And then on February 6th of 2013.		
25	A. Yes.		
	58		
1	Q. Again, there was exposed mesh excised with		
2	scissors and silver nitrate applied; is that correct?		
3	A. Correct.		
58:7-25 [PLAINTIFFS] [Referencing Def. Ex. 15]			
7	Q. And then lastly if you'll turn to May 21st		

	TESTIMONY	OBJECTION	RESPONSE
1	8 of this year.		
2	9 A. Yes.		
3	10 Q. Okay. And it, again, appears under		
4	11 procedure that exposed mesh excised with scissors and		
5	12 silver nitrate applied, correct?		
6	13 A. Correct.		
7	14 Q. What's the diagnosis there?		
8	15 A. Complications due to genitourinary device,		
9	16 graft and implant.		
10	17 Q. That's referring to the mesh, correct?		
11	18 A. Correct.		
12	19 Q. Okay. So even up until less than two		
13	20 months ago Ms. Sanchez was having to come into your		
14	21 office to have mesh trimmed, fair?		
15	22 A. Correct.		
16	23 Q. And would it be fair to say, sitting here		
17	24 today, in your treatment of Ms. Sanchez that her		
18	25 problems are continuing to persist?		
19	59:3 [PLAINTIFFS]		
20	3 THE WITNESS: Yes.		
21	59:5		
22	5 Q. By that I mean specific to problems with		
23	6 erosion of the mesh?		
24	59:8 [PLAINTIFFS]		
25	8 THE WITNESS: Correct.		
26	59:10 [PLAINTIFFS]		
27	10 Q. And pain?		
28	59:12 [PLAINTIFFS]		
29	12 THE WITNESS: Correct.		
30	59:14-15 [PLAINTIFFS]		
31	14 Q. And has she spoken with you at all about		
32	15 dyspareunia?		
33	59:17		
34	17 THE WITNESS: On occasion.		
35	59:20-22 [PLAINTIFFS]		
36	20 Q. So you know that at some point she has had		
37	21 problems with dyspareunia, correct?		
38	22 A. Correct.		
39	59:25-60:3 [PLAINTIFFS]		

1	TESTIMONY	OBJECTION	RESPONSE
2	25 Q. Do you have -- sitting here today do you		
3	1 have any criticisms of Ms. Sanchez over the course of		
4	2 her treatment?		
5	3 A. No.		
6	223:17-19 [PLAINTIFFS]		
7	17 Do you believe that Ms. Sanchez'		
8	18 post-implant symptoms were based on some defect in		
9	19 the		
10	19 mesh that was placed in her?		
11	223:21 [PLAINTIFFS]		
12	21 THE WITNESS: I have no idea.		
13	224:14-16 [PLAINTIFFS]		
14	14 Q. Have you ever told anyone before today that		
15	15 you believed her mesh was the cause of her symptoms?		
16	16 A. No.		
17	224:23-225:1 [PLAINTIFFS]		
18	23 Q. You testified that you don't know whether		
19	24 or not a defect in the medical device implanted in		
20	25 Ms. Sanchez is what caused her injuries, right?		
21	225		
22	1 A. Correct.		
23	225:4-5 [PLAINTIFFS]		
24	4 Q. You're not saying that it didn't, right?		
25	5 A. Correct.		
26	225:9-11 [PLAINTIFFS]		
27	9 Q. You're just saying you don't know one way		
28	10 or the other?		
29	11 A. I just don't know one way or the other.		
30	60:13-21 [PLAINTIFFS]		
31	13 Doctor, I introduced myself before we		
32	14 started this morning. I'm Eva Weiler and I represent		
33	15 Boston Scientific in this lawsuit that's been brought by		
34	16 Ms. Sanchez.		
35	17 Just to clarify from the beginning, you		
36	18 understand that Boston Scientific has made no claims		
37	19 against you in the course of this lawsuit; is that		
38	20 right?		
39	21 A. Correct.		
40	60:24-61:1 [PLAINTIFFS]		

1	<b>TESTIMONY</b>	<b>OBJECTION</b>	<b>RESPONSE</b>
24	Q. And that Boston Scientific is not claiming		
25	malpractice against you?		
1	A. Correct.		

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**Testimony Designated by Boston Scientific**

TESTIMONY	OBJECTION	RESPONSE
10:17-21 [BOSTON SCIENTIFIC] 17 Q. To get a little bit of background can you 18 kind of start around 1999, and then just tell us when 19 did you first start using either a sling product, and do 20 you know what I mean by that? 21 A. Yes.		
10:23-25 [BOSTON SCIENTIFIC] 23 THE WITNESS: So in -- I have to be honest, 24 I think it was January of 1999. I'm not sure. It was 25 in residency we started using TVT and using a Johnson		
11:1-13 [BOSTON SCIENTIFIC] 1 and Johnson sling product for the bladder. When I moved 2 here in July of '99 my partners and I were using the 3 same product. Somewhere, and I have to be honest, I'm 4 not 100 percent sure when, whether it was in 2000, 2001, 5 whatever it was, we decided to change from the TVT 6 product to the Boston Scientific product, Advantage Fit. 7 Because of the design and the structure of the product, 8 it seemed to be less harmful to the patient and it was 9 better, so we started doing that. In 2004, I think it 10 was 2004, maybe 2005 we started doing -- so I stopped 11 doing OB in 2003. 2004, 2005 we started putting mesh in 12 patients to improve their pelvic organ prolapse 13 procedures.		
20:15-24 [BOSTON SCIENTIFIC] 15 THE WITNESS: So with the pain, especially 16 with implanting the device and the procedure itself, 17 patients would have a low back, sort of upper buttock 18 pain that wouldn't go away, and I would tell patients 19 about that very specifically. There's always a chance 20 of dyspareunia but, again, it was low. In our practice 21 we found that as long as you didn't tighten the vagina 22 and you didn't put in any mesh too tight or shorten the 23 vagina or anything like that the chance of dyspareunia 24 was very low.		

1	TESTIMONY	OBJECTION	RESPONSE
2			
3	46:2-5 [BOSTON SCIENTIFIC]		
4	2 Q. During the course of your treatment with		
5	3 her, with Ms. Sanchez, did she at some point start		
6	4 having symptoms that you associated with the		
7	5 implantation of the mesh product?		
8	46:8 [BOSTON SCIENTIFIC]		
9	8 THE WITNESS: Yes.		
10	47:9-12 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
11	15]		
12	9 Q. Okay. What's the date of this document?		
13	10 A. April 9th, 2010.		
14	11 Q. What type of document is this?		
15	12 A. It's an office visit.		
16	47:18-25 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
17	15]		
18	18 Q. Okay. And it states that Ms. Sanchez was		
19	19 coming to see you on April 9th of 2010 with abnormal		
20	20 vaginal bleeding, pink discharge, having to wear a daily		
21	21 panty liner, and feels something scratchy like a stitch		
22	22 in her vagina; is that correct?		
23	23 A. Correct.		
24	24 Q. And can you tell, or do you have a		
25	25 recollection how Ms. Sanchez felt about that?		
26	48:3 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
27	3 THE WITNESS: She was frustrated.		
28	64:2-10 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
	15]		
	2 Q. And do you currently treat SUI		
	3 surgically?		
	4 A. Yes.		
	5 Q. Do you currently treat POP surgically?		
	6 A. Yes.		
	7 Q. Okay. Based on your clinical practice,		
	8 have you found that SUI can have a significant impact		
	9 on		
	10 a woman's life?		
	11 A. Yes.		
	64:13-20 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
	15]		



1	TESTIMONY	OBJECTION	RESPONSE
2	13 Q. How so?		
3	14 A. It's just so -- so if someone has really		
4	15 significant stress urinary incontinence they end up		
5	16 wearing pads every day, it, you know, changes their life		
6	17 activities. Sometimes they'll stop running or		
7	18 exercising and just changing their lifestyle.		
8	64:19-20, 22 [PLAINTIFFS' COMPLETENESS		
9	DESIGNATION]		
10	19 Q. And was SUI having an impact on Ms. Sanchez		
11	20 prior to 2010?		
12	22 THE WITNESS: Small amount.		
13	65:23-25 [BOSTON SCIENTIFIC]		
14	23 Q. How far back does your recollection of your		
15	24 treatment of Ms. Sanchez go?		
16	25 A. I remember when she had surgery, I remember		
17	66:1-9 [BOSTON SCIENTIFIC]		
18	1 seeing her prior to surgery. I don't remember the		
19	2 specifics as much. Since her surgery I remember her		
20	3 from all the frequency of her visits and the unique		
21	4 aspect of her care in my practice.		
22	5 Q. Okay. What do you mean by that, unique		
23	6 aspect of your --		
24	7 A. I don't have many patients who come so		
25	8 frequently to have -- who have similar problems who		
26	9 need		
27	10 such treatment, so she's definitely a unique patient.		
28	68:3-4 [BOSTON SCIENTIFIC] [Def. Ex. 15]		
	3 Mark that as Exhibit 11, please.		
	4 Take a quick look, if you would.		
	68:11-14 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
	15]		
	11 Q. It's basically -- this is a set of records		
	12 that we subpoenaed from your office, and it's		
	13 everything		
	14 that we obtained when we asked for medical records to		
	15 come from you.		
	69:2-4 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
	2 Q. Does this appear to contain medical records		
	3 for the treatment and care provided to Ms. Sanchez by		
	4 your practice?		

1	TESTIMONY	OBJECTION	RESPONSE
2	69:6-7 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
3	6 THE WITNESS: I don't think it's complete,		
4	7 but yes.		
5	69:9-70:2 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
6	9 Q. Does it appear to contain a few more		
7	10 records than perhaps what we've looked at already		
8	11 today?		
9	12 A. Absolutely.		
10	13 Q. Okay. And so are these -- would these		
11	14 medical records be documents that were made at or near		
12	15 the time of treatment provided to Ms. Sanchez?		
13	16 A. Yes.		
14	17 Q. Would they have been created by persons who		
15	18 had knowledge of events described in the medical		
16	19 records?		
17	20 A. Yes.		
18	21 Q. Is it part of your regular practice to keep		
19	22 such records in the treatment and care of your		
20	23 patients?		
21	24 A. Yes.		
22	25 Q. And they're maintained as a regular		
23	1 activity as a part of your practice? 70		
24	2 A. Yes.		
25	71:17-72:6 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
26	17 Q. Okay. All right. So then I guess the		
27	18 first kind of, for lack of a better term, progress note,		
28	19 I guess, that I have is actually dated 12/29/03 and		
29	20 that's record 110?		
30	21 A. Correct.		
31	22 Q. And did you actually see Ms. Sanchez on		
32	23 that date?		
33	24 A. So the -- that's actually a history and		
34	25 physical from the hospital, so I would have seen her 72		
35	1 prior to that date in the office.		
36	2 Q. And can you tell me what you were treating		
37	3 her for in the context of this record?		
38	4 A. I was treating her for pain and her ovarian		
39	5 cyst. That was on the ultrasound that you previously --		
40	6 Q. What kind of pain was she experiencing --		
41	72:9-73:3 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		

1	TESTIMONY	OBJECTION	RESPONSE
2	15]		
3	9 Q. -- at that time?		
4	10 A. My H&P says a bilateral lower quadrant		
5	11 crampy pain.		
6	12 Q. Okay. And you also mentioned history of		
7	13 ovarian cysts it looks like down on the impression on		
8	14 that -- looking at 110.		
9	15 A. Yes.		
10	16 Q. What history of ovarian cysts were you		
11	17 referring to?		
12	18 A. The ultrasound.		
13	19 Q. And do ovarian cysts, can they cause		
14	20 pain?		
15	21 A. Yes. There was another -- there's a few		
16	22 ultrasounds in here, that's where I was getting some of		
17	23 that.		
18	24 Q. If you look to Page 74 of that collection,		
19	25 it looks like she was seen on January 30th, 2006.		
20	73		
21	1 A. Uh-huh.		
22	2 Q. Is that correct?		
23	3 A. Correct.		
24	73:6-16 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
25	15]		
26	6 Q. And can you tell me what she was seen for		
27	7 on that date?		
28	8 A. She was seen for her well woman exam, and		
29	9 it looks like she had some -- had a history of ovarian		
30	10 cysts. It says history of hypertension, dyslipidemia,		
31	11 chronic back and neck pain, Leiden factor V, history of		
32	12 DVTs.		
33	13 Q. So am I correct, I'm reading at the top,		
34	14 "She...had some significant medical problems in the		
35	15 past two years." Did I read that correctly?		
36	16 A. Uh-huh.		
37	73:19-25 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
38	15]		
39	19 Q. And that included "Episodes of shortness of		
40	20 breath, palpitations, chest pain, left-sided numbness."		
41	21 Did I read that correctly?		
42	22 A. Correct.		
43	23 Q. "She has a history of Leiden factor V."		
44	24 Did I read that correctly?		
45	25 A. Right.		

TESTIMONY	OBJECTION	RESPONSE
<p>74:1-25 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]</p> <p>1 Q. What is Leiden factor V?</p> <p>2 A. It's a coagulation abnormality, so it's a</p> <p>3 blood dysplasia that -- tripping over my words -- it</p> <p>4 predisposes you to blood clots and DVTs, and therefore</p> <p>5 DVT.</p> <p>6 Q. The next sentence says, "She was worked up</p> <p>7 for DVTs." Is that right?</p> <p>8 A. Yes.</p> <p>9 Q. Is that deep vein thrombosis?</p> <p>10 A. Correct.</p> <p>11 Q. What's deep vein thrombosis?</p> <p>12 A. It's a clot in a vein.</p> <p>13 Q. And the next sentence, "She was placed on</p> <p>14 Coumadin" -- I'm sorry, strike that. Two sentences</p> <p>15 down, "She was placed on Coumadin by Dr.</p> <p>16 Dichmann."</p> <p>17 A. Correct.</p> <p>18 Q. What's Coumadin?</p> <p>19 A. Coumadin is a blood thinner.</p> <p>20 Q. Do you know why she was prescribed that?</p> <p>21 A. Because I'm assuming she had her DVT and</p> <p>22 they were concerned.</p> <p>23 Q. Down a little bit further it says, "She's</p> <p>24 also been found to have some cervical and lumbar disk</p> <p>25 bulging. This may be causing some of the symptoms."</p> <p>75:1-14 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]</p> <p>1 A. Correct.</p> <p>2 Q. Do you know what that's in reference to in</p> <p>3 terms of that may be causing some of the symptoms?</p> <p>4 A. Well, I think down at the bottom under</p> <p>5 Impression it says, "Chronic back and neck pain with</p> <p>6 radiculopathy." So some of the left-sided numbness</p> <p>7 that was mentioned above, I'm assuming that goes</p> <p>8 together.</p> <p>9 Q. Okay. It also says, "She's been seeing</p> <p>10 Dr. Ente and Dr. Patel for pain management." Did I</p> <p>11 read</p> <p>12 that correctly?</p> <p>13 A. Correct.</p> <p>14 Q. So is it your understanding that at that</p> <p>15 time she was experiencing chronic pain?</p>		

1	TESTIMONY	OBJECTION	RESPONSE
2	75:16-76:6 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
3	16 THE WITNESS: Neck pain, chronic back and		
4	17 neck pain.		
5	18 BY MS. WEILER:		
6	19 Q. Then it says, "She does have a history of		
7	20 ovarian cysts. She did have a laparoscopy, right		
8	21 ovarian cystotomy in 12/2003."		
9	22 A. Correct.		
10	23 Q. Besides my pronunciation did I read that		
11	24 correctly?		
12	25 A. Yes, you did.		
13		76	
14	1 Q. What is that procedure, ovarian		
15	2 cystotomy?		
16	3 A. Cystotomy is where you make -- you		
17	4 essentially pop the ovarian cyst to relieve the pain.		
18	5 Q. Is that a surgical procedure?		
19	6 A. It is.		
20	76:12-18 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
21	12 Q. It also says, "She's concerned she might		
22	13 have a recurrence of cysts as she has intermittent right		
23	14 versus left abdominal pain mid cycle." Did I read that		
24	15 correctly?		
25	16 A. Correct.		
26	17 Q. So is it your understanding that she was		
27	18 experiencing abdominal pain at that time?		
28	76:20 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
	20 THE WITNESS: Correct.		
	76:22-23 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
	22 Q. It also looks like she saw Joy Ivey on		
	23 2/22/07. That's at 72 is where I'm looking.		
	77:3-4 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
	3 Q. And can you tell me why she was seen on		
	4 that date?		
	77:6-8 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
	6 THE WITNESS: It says that she was there		
	7 for her -- again, her well woman exam, and she was also		
	8 having right lower quadrant pain mid cycle.		

1	TESTIMONY	OBJECTION	RESPONSE
2	77:10-12 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
3	10 Q. It looks like under Female Reproductive it		
4	11 says, "Pelvic pain." Was she having pelvic pain at that		
5	12 time?		
6	77:14-16 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
7	14 THE WITNESS: This is -- the review of		
8	15 systems is a checklist that the patient fills out, and		
9	16 so she said that she was.		
10	77:18-78:4 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
11	18 Q. Okay. And then likewise, just below there,		
12	19 Gastroenterology, again, where it says, "Abdominal		
13	20 pain,		
14	21 yes," does that indicate that Ms. Sanchez reported		
15	22 having abdominal pain at that time?		
16	23 A. Yes.		
17	24 Q. Down below under Medical History I see it		
18	25 says, "Irritable bowel syndrome, yes." What's irritable		
19	78 bowel syndrome?		
20	1 A. When you have irritable bowel, when you		
21	2 have issues with your bowels. You can have diarrhea or		
22	3 you can have constipation.		
23	4 Q. Can that be painful?		
24	78:6 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
25	6 THE WITNESS: Yes.		
26	79:2-80:3 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
27	2 Q. So if you could look at -- now I'm looking		
28	3 at Page 69, it's a record progress note dated May 14,		
	4 2007.		
	5 A. Uh-huh, yes.		
	6 Q. And did you see Ms. Sanchez on that date?		
	7 A. I did.		
	8 Q. For what purpose?		
	9 A. Abnormal vaginal bleeding, and it says,		
	10 "Fatigue."		
	11 Q. Am I right that she had some bleeding in		
	12 the past as well, based on what we saw in the records?		
	13 A. Yes.		

1	TESTIMONY	OBJECTION	RESPONSE
14	Q. I see here "Patient has Leiden factor V and		
15	a history of DVTs, on Coumadin, and is not a candidate		
16	for hormonal treatments." Did I read that correctly?		
17	A. Yes.		
18	Q. Why is she not a candidate for hormonal		
19	treatment?		
20	A. Because it can predispose you to blood		
21	clots, and so combined with Leiden factor V that can be		
22	very dangerous.		
23	Q. And I see the last sentence, "Patient is		
24	frustrated with her bleeding, desires treatment." Did I		
25	read that correctly?		
	80		
1	A. Correct.		
2	Q. So am I right that the bleeding was causing		
3	her some problems at that time?		
80:5	[BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
5	THE WITNESS: Correct.		
80:7-81:3	[BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
7	Q. Down at the bottom under Treatment it says,		
8	"After a lengthy discussion with the patient, she has		
9	decided to proceed with a diagnostic hysteroscopy with		
10	D&C. She will stop her Coumadin." Did I read that		
11	correctly?		
12	A. Correct.		
13	Q. What's the diagnostic hysteroscopy with		
14	D&C?		
15	A. The diagnostic hysteroscopy is when you put		
16	a camera inside your uterus to see if there's a reason		
17	for her bleeding, a polyp or some abdominal tissue.		
18	D&C		
19	is where then you would scrape down all the lining to		
20	check it. Also, with her sister's history of		
21	endometrial cancer that was a concern.		
22	Q. "And she will stop her Coumadin." Why was		
23	she going to stop Coumadin?		
24	A. Because if you perform surgery while a		
25	patient is on an anticoagulant it can be very dangerous		
	as well.		
	81		
1	Q. Is that because they don't clot the same		
2	way as most people do?		
3	A. Correct.		

1	TESTIMONY	OBJECTION	RESPONSE
2	81:21-82:9 [BOSTON SCIENTIFIC]		
3	21 Q. Okay. And can you describe what you do in		
4	22 that procedure?		
5	23 A. So the patient's put to sleep, we through		
6	24 the vagina put a scope into -- so I dilate her cervix,		
7	25 put a scope and a camera into her uterus, look around,		
8	82		
9	1 take pictures, look for any abnormalities, take the		
10	2 camera out. The D is the dilatation, the C for		
11	3 curettage. So then I do a scrapping of the endometrium,		
12	4 send all that tissue to pathology, and then go back and		
13	5 take another look with the scope, and then take all the		
14	6 instruments out.		
15	7 Q. So looking at that op note, the		
16	8 preoperative diagnosis was menorrhagia; is that right?		
17	9 A. Right.		
18	82:10-12 [BOSTON SCIENTIFIC]		
19	10 Q. What's that?		
20	11 A. That's excessive bleeding.		
21	82:12 [PLAINTIFFS COMPLETENESS DESIGNATION]		
22	12 Q. <i>Can that be painful?</i>		
23	82:14-15		
24	14 THE WITNESS: <i>Not usually. You would call</i>		
25	15 <i>it something else.</i>		
26	82:19-20 [BOSTON SCIENTIFIC]		
27	19 Q. She had been experiencing some pelvic pain		
28	20 at that time?		
29	82:22		
30	22 THE WITNESS: Okay.		
31	82:24-83:18 [BOSTON SCIENTIFIC] [Referencing Def.		
32	Ex. 15]		
33	24 Q. Is that right?		
34	25 A. From my note I guess, I think. I think it		
35	83		
36	1 was more bleeding at that time, but with her history of		
37	2 ovarian cysts and her irritable bowel and everything		
38	3 else she has pain.		
39	4 Q. Now, am I also right that she has had a		
40	5 past tubal ligation?		
41	6 A. Yes.		
42	7 Q. And is that basically -- well, describe		
43	8 what that is.		
44	9 A. Tubal ligation is where you occlude the		



	TESTIMONY	OBJECTION	RESPONSE
1	10 fallopian tubes to prevent future pregnancies.		
2	11 Q. Is that done under general anesthesia as		
3	12 well?		
4	13 A. Yes.		
5	14 Q. And that was performed back in 1998?		
6	15 A. Yes. It can also be performed under spinal		
7	16 anesthesia if you're having a cesarean section.		
8	17 Q. Can a tubal ligation cause scarring?		
9	18 A. It can.		
10	83:21-84:5 [BOSTON SCIENTIFIC]		
11	21 Q. And is scarring the same thing as		
12	22 adhesions?		
13	23 A. Yes.		
14	24 Q. Okay. And the procedure you did on 6/2007		
15	25 can that cause scarring?		
16	84		
17	1 A. 6/2007.		
18	2 Q. That's the diagnostic -- I still can't		
19	3 pronounce it.		
20	4 A. Hysteroscopy and D&C. In theory it can,		
21	5 but it's more rare.		
22	84:14-24 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
23	15]		
24	14 Q. If you so turn to -- this is 67, this is a		
25	15 progress note dated 6/8/2007. Did you see Ms. Sanchez		
26	16 on that date?		
27	17 A. I did.		
28	18 Q. And for what purpose?		
29	19 A. It says postoperative problems, she had a		
30	20 vaginal discharge and an odor. So she had a vaginal		
31	21 infection after our procedure.		
32	22 Q. And then if you could turn to Page 64, the		
33	23 progress note dated 4/29/08.		
34	24 A. Yes.		
35	85:3-17 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
36	15]		
37	3 Q. Do you know why she was seen -- do you know		
38	4 why Ms. Sanchez was seen on that date?		
39	5 A. It says for her annual exam, well woman		
40	6 visit, as well as discomfort, pain in her ovaries.		
41	7 Q. So it looks like in the history of present		
42	8 illness it says, and is recently "experiencing pelvic		
43	9 pain and bloating." Is that right?		
44	10 A. Correct.		
45	11 Q. It also says, "She also states for several		

1	TESTIMONY	OBJECTION	RESPONSE
12	months she's not completely emptying her bladder." Is		
13	that right?		
14	A. Correct.		
15	Q. And that after she voids and stands up she		
16	releases more urine; is that correct?		
17	A. Correct.		
18			
19	85:23-86:9 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
20	15]		
21	Q. It also says under Examination "Moderate		
22	cystocele with valsalva."		
23	A. Yes.		
24			
25			
26			
27			
28			
29	Q. What's that?		
30	A. Valsalva is when you bear down, and so she		
31	had -- it looks like Judy Weber had the patient bear		
32	down. And cystocele is where your bladder starts		
33	prolapsing and bulging down.		
34	Q. So if that was indeed the finding of Judy		
35	Weber on 4/29/2008, does that tell you that Ms. Sanchez		
36	was having some prolapse at that time?		
37	A. The starting of prolapse, yes.		
38			
39	86:19-87:4 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
40	15]		
41	Q. Okay. If you could turn to 62, this is		
42	dated 4/30/2008 progress note.		
43	A. Uh-huh.		
44	Q. Did you see Ms. Sanchez on that date?		
45	A. I did.		
46	Q. For what purpose?		
47	A. It says, "Consult to discuss surgery."		
48			
49			
50			
51	Q. What surgery were you referring to?		
52	A. It looks like stress incontinence.		
53	Q. So --		
54	A. Pubovaginal sling.		
55			
56	87:12-16 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
57	15]		
58	Q. So what did that appointment involve?		
59	A. It looks like I spoke to her about her		
60	bladder issues and discussed different treatment. And		
61	it looks like I treated her empirically for a urine		
62	infection.		
63			
64	87:25-88:2		

1	TESTIMONY	OBJECTION	RESPONSE
2	25 Q. So at that time she was complaining of loss		
3	1 of urine with coughing, sneezing and movement?		
4	2 A. Correct.		
5	88:6-16 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
6	6 Q. But it says that she was experiencing two		
7	7 episodes of nocturia each night, what's that?		
8	8 A. Nocturia is when you wake up in the middle		
9	9 of the night to go to the bathroom.		
10	10 Q. Okay. And it also says, "Patient feels her		
11	11 symptoms have progressed over the past two months."		
12	12 Is that right?		
13	13 A. Yes.		
14	14 Q. Does that mean she feels like they're		
15	15 getting worse?		
16	16 A. Uh-huh.		
17	88:19-24 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
18	19 Q. It also says, "Now she does not feel as if		
19	20 she completely empties her bladder." Did I read that		
20	21 correctly?		
21	22 A. Correct.		
22	23 Q. Is that significant to you in terms of your		
23	24 treatment of her?		
24	89:1-13 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
25	1 THE WITNESS: Sure. I mean --		
26	2 BY MS. WEILER:		
27	3 Q. How so?		
28	4 A. It's describing a type of bladder		
	5 dysfunction, so if we're talking about urinary problems		
	6 that she's having that's something you consider.		
	7 Q. Is that at all associated with or		
	8 indicative of SUI?		
	9 A. It can be.		
	10 Q. It also says, "Patient also has right-sided		
	11 cramping associated with bloating and excessive		
	12 flatulence." Is that right?		
	13 A. Correct.		
	90:9-17 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		

TESTIMONY	OBJECTION	RESPONSE
<p>9 of tilted towards.</p> <p>10 Q. Now, under your treatment it says, "No. 3,</p> <p>11 Stress incontinence, Kegel exercises were explained."</p> <p>12 What are Kegel exercises?</p> <p>13 A. They're exercises to strengthen the pelvic</p> <p>14 floor muscles.</p> <p>15 Q. And why did you recommend she do that?</p> <p>16 A. It's a nonsurgical treatment for stress</p> <p>17 incontinence.</p> <p>7 91:17-92:6 [BOSTON SCIENTIFIC] [Referencing Def. Ex.</p> <p>8 15]</p> <p>9 17 Q. And then below it says, "Brochure on</p> <p>10 18 pubovaginal sling with Uretex tape was given to the</p> <p>11 19 patient to review." What's Uretex tape?</p> <p>12 20 A. That was another product that we were using</p> <p>13 21 I guess before the Advantage Fit. Forgot I used it.</p> <p>14 22 Q. Why did you provide that to Ms. Sanchez at</p> <p>15 23 that time?</p> <p>16 24 A. For information. She was requesting</p> <p>17 25 treatment.</p> <p>92</p> <p>14 1 Q. And was doing a surgical procedure for her</p> <p>15 2 SUI symptoms a possible option for her at that time?</p> <p>16 3 A. It was something for her to think about.</p> <p>17 4 Q. Were you recommending she have that</p> <p>18 5 procedure at that time?</p> <p>19 6 A. No, informational.</p> <p>18 92:12-17 [BOSTON SCIENTIFIC] [Referencing Def. Ex.</p> <p>19 15]</p> <p>20 12 Q. Yes. This one is 11/10/2008. It appears</p> <p>21 13 that Judy Weber saw Ms. Sanchez on 11/10/2008; is</p> <p>22 14 that</p> <p>23 15 right?</p> <p>24 16 A. Correct.</p> <p>25 17 Q. And was she seen for pelvic pain on that</p> <p>26 18 date?</p> <p>27 92:19 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]</p> <p>28 19 THE WITNESS: That's what it says.</p> <p>19:21-23 [BOSTON SCIENTIFIC] [Referencing Def. Ex.</p> <p>15]</p> <p>21 Q. Yeah. And it also appears that -- it says,</p> <p>22 "She has been seen several times with similar</p> <p>23 complaints." Is that right?</p>		

1	TESTIMONY	OBJECTION	RESPONSE
2	92:25 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15] 25 THE WITNESS: That's what it says.		
3	93:2-8 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15] 2 Q. And it says, "She had pelvic ultrasound in 4 3 4/08 which revealed a 1.7 centimeter ovarian cyst." Did 5 4 I read that correctly? 5 A. Correct.		
6	6 Q. It also says just below, "Since then she's 7 7 been evaluated Dr. Jahnke and been diagnosed with 7 8 irritable bowel syndrome." Did I read that correctly?		
8	93:10 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15] 9 10 THE WITNESS: Correct.		
10	93:12-13 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 11 15] 12 Q. It looks like she was complaining of both 12 13 diarrhea and constipation, correct?		
13	93:15 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15] 14 15 THE WITNESS: Correct.		
15	93:24-94:4 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15 15] 16 24 Q. It looks like there was an imaging study 17 25 done, I'm looking at record 96. It looks like there was 17 94 18 1 one performed on 11/10/2008; is that right? 18 2 A. Yes. 19 3 Q. And what were the findings of that study? 19 4 A. Extensive fecal retention.		
20	94:7-9 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15] 21 7 Q. Now, it looks like she was then again seen 22 8 December 2009, looking at record 58; is that correct? 22 9 A. Correct.		
23	94:19-95:13 [BOSTON SCIENTIFIC] [Referencing Def. 24 Ex. 15] 19 Q. And in the history of present illness it 25 20 says, "She complains of her bladder being lower and 26 21 occasional loss of urine with activity." Is that 26 22 correct? 23 A. Correct.		
27	24 Q. Other than the Kegel exercises that you had 28 25 recommended at that prior visit, and providing her with		

	TESTIMONY	OBJECTION	RESPONSE
1			
2	1 that Uretex brochure, had you prescribed any additional		
3	2 treatment for Ms. Sanchez' urinary symptoms beyond		
4	3 that		
5	4 up until this point?		
6	5 A. No. I treated her empirically for a UTI,		
7	6 but no.		
8	7 Q. It looks like under Assessments, I'm		
9	8 looking at now at Page 59, the second page of that		
10	9 record it says, "Cystocele, midline"?		
11	10 A. Uh-huh.		
12	11 Q. What does cystocele, midline mean?		
13	12 A. So it means her bladder was bulging down in		
14	13 the -- the nurse practitioner wrote a grade 2 cystocele		
15	14 in her examination.		
16	95:20-25 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
17	15]		
18	16 Q. Now, it also says under Treatment		
19	17 "Cystocele midline, pelvic support problems, brochure		
20	18 given." Do you know what brochure that would have		
21	19 been?		
22	20 A. It's an ACOG brochure. We give out ACOG		
23	21 brochures.		
24	96:7-97:4 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
25	15]		
26	16 Q. And it looks like she did a follow-up with		
27	17 you on 12/14/2009; is that correct?		
28	18 A. Correct.		
29	19 Q. And so the reason for that appointment as		
30	20 documented was bladder problems, right?		
31	21 A. Correct.		
32	22 Q. And how did she present that day?		
33	23 A. She just came in and we were discussing		
34	24 where it says that she loses urine, coughing, sneezing,		
35	25 laughing, movement, can also have problems with		
36	26 intercourse with urination and it bothers her.		
37	27 Q. So that says -- in the history of present		
38	28 illness it says, "Causing her to wear a daily panty		
39	29 liner." Is that right that's she now wearing -- saying		
40	30 she's wearing a pad?		
41	31 A. It's changed, uh-huh.		
42	32 Q. That's different from what we saw before,		
43	33 right?		
44	34 A. Correct.		
45			

1	TESTIMONY	OBJECTION	RESPONSE
2	1 Q. It also says, "Patient can also urinate		
3	2 with intercourse, which has become embarrassing." Did		
4	3 I		
5	4 read that correctly?		
6	5 A. Correct.		
7	6 97:8-12 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
8	7 15]		
9	8 Q. It says, "Also patient admits to urinary		
10	9 frequency during the day as well as two to three		
11	10 episodes of nocturia at night." What's urinary		
12	11 frequency?		
13	12 A. Where you're urinating more frequently.		
14	13 97:16-21 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
15	14 15]		
16	15 Q. And it looks like also now she's having		
17	16 perhaps one more episode of nocturia per night than she		
18	17 had complained of prior?		
19	18 A. Correct.		
20	19 Q. So am I right that it sounds like her SUI		
21	20 is getting worse?		
22	21 97:23		
23	22 THE WITNESS: Yes.		
24	23 97:25-99:9 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
25	24 15]		
26	25 Q. And it was having an effect on her daily		
27	26 life?		98
28	27 A. It seems to be.		
	28 Q. Now, under Examination I see it says,		
	"Large midline cystocele."		
	A. Correct.		
	Q. What does that mean to you in terms of the		
	severity of her cystocele?		
	A. It's increasing from my -- I should say		
	it's increasing from my exam from before. It's hard to		
	sort of judge what your exam and what somebody else's		
	exam is, but at least on my previous exam I didn't		
	mention it after Judy Weber had seen it, and now I'm		
	mentioning it. I don't know if it's worse from the		
	other nurse practitioner.		
	Q. Sure. Now, when Counsel was asking		
	questions earlier you had commented that sometimes		
	pelvic organ prolapse can actually have a greater impact		
	on a woman's life than SUI; is that right?		

1	TESTIMONY	OBJECTION	RESPONSE
19	A. Usually.		
20	Q. Why is that?		
21	A. There is just more symptoms involved.		
22	Q. Such as?		
23	A. Discomfort or problems with intercourse,		
24	more problems with urinary symptoms. It's not just		
25	with		
25	coughing, sneezing, now you can't necessarily empty		
26	your		
	99		
1	bladder well, you can feel a bulge vaginally. It can		
2	then interfere with more activities than just stress		
3	incontinence, things like that.		
4	Q. So Ms. Sanchez was coming to you at this		
5	time because she was frustrated with the symptoms that		
6	she was experiencing; is that right?		
7	A. Correct.		
8	Q. And she was concerned about the impact it		
9	was having on her life, correct?		
99:11	[BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
11	THE WITNESS: Correct.		
99:13-100:2	[BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]		
13	Q. It says down under Treatment -- well, under		
14	Assessment it says, "Incontinence" and "cystocele." Is		
15	that right?		
16	A. Yes.		
17	Q. So then under Treatment it says,		
18	"Incontinence was explained and discussed with patient.		
19	Both surgical and medical treatments were explained."		
20	What treatments were explained with her?		
21	A. So that's where we would talk about		
22	medical, whether you're using medicine or whether		
23	you're		
23	using Kegel exercises or sending somebody to the		
24	physical therapist. Or surgical, whether you just say		
25	enough and you have surgery and see if that helps. And		
	100		
1	I like to discuss both with the patients because many		
2	times they need both.		
100:6	[BOSTON SCIENTIFIC]		
6	Q. Does SUI usually improve without treatment?		
100:8	[BOSTON SCIENTIFIC]		
8	THE WITNESS: No.		
100:10-11	[BOSTON SCIENTIFIC]		
10	Q. And does pelvic organ prolapse usually		



1	TESTIMONY	OBJECTION	RESPONSE
2	11 improve without treatment?		
3	100:13 [BOSTON SCIENTIFIC]		
4	13 THE WITNESS: No.		
5	100:15-16 [BOSTON SCIENTIFIC]		
6	15 Q. So will SUI -- well, what's the natural		
7	16 progression of SUI without treatment?		
8	100:18 [BOSTON SCIENTIFIC]		
9	18 THE WITNESS: It gets worse.		
10	100:20-22		
11	20 Q. And is the same for pelvic organ		
12	21 prolapse?		
13	22 A. Yes.		
14	100:25-101:2 [BOSTON SCIENTIFIC]		
15	25 Q. Am I correct that you diagnosed Ms. Sanchez		
16	101		
17	1 with both SUI and pelvic organ prolapse?		
18	2 A. Yes.		
19	102:5-16 [BOSTON SCIENTIFIC]		
20	5 Q. Are there different degrees or severity of		
21	6 POP?		
22	7 A. Yes.		
23	8 Q. Did you assess the degree of severity of		
24	9 Ms. Sanchez'?		
25	10 A. Yes, in the sense -- so some people use a		
26	11 POP quiz and they use many different tools, and there		
27	12 are some people who would argue that it's still		
28	13 inaccurate and it's difficult to describe. And so we in		
29	14 our office have sort of gone with small, moderate,		
30	15 large. So at some point I said a large cystocele, but I		
31	16 did not discuss in my note here much else than that.		
32	102:25-103:9 [BOSTON SCIENTIFIC]		
33	25 Q. Okay. How about for pelvic organ prolapse,		
34	103		
35	1 what treatment options were available at that time?		
36	2 A. A pessary. Same thing with Kegels,		
37	3 sometimes patients think they help, but they're not --		
38	4 they are less nonsurgical treatment.		
39	5 Q. Do you prescribe pessaries for your		
40	6 patients?		
41	7 A. A lot.		
42	8 Q. Do you find them to be effective?		
43	9 A. In many patients.		
44	103:15-104:6 [BOSTON SCIENTIFIC]		
45	15 A. So with a patient who's not had a		

1	TESTIMONY	OBJECTION	RESPONSE
2	16 hysterectomy, many times the uterus with a strong		
3	17 cough		
4	18 or movement can push the pessary out, which can be		
5	19 very		
6	20 embarrassing and cause problem. Somebody who is		
7	21 sexually active can have difficulty if they cannot		
8	22 remove the pessary themselves, obviously an		
9	23 obstruction		
10	24 to intercourse. So it just depends, depends on the age		
11	25 and their activity.		
12	26 Q. Do you tend to prescribe those more in		
13	27 older women?		
14	28 A. Yes.		
15	104		
16	1 Q. How old was Ms. Sanchez in December of		
17	2 2009?		
18	3 A. She was 43.		
19	4 Q. And is she of the age where you would		
20	5 normally prescribe a pessary?		
21	6 A. No.		
22	104:10-105:17 [BOSTON SCIENTIFIC]		
23	10 Q. Have you ever used bulking agents for the		
24	11 treatment of SUI?		
25	12 A. I don't do that myself, I send them out to		
26	13 a urogynecologist.		
27	14 Q. What, again, talking about the time of		
28	15 Ms. Sanchez' surgery, what surgical options were		
29	16 available for the treatment of SUI?		
30	17 A. At that time I performed -- at that time I		
31	18 was only doing pubovaginal sling. I do not do Burches,		
32	19 I do not do other surgeries, but I do send patients to		
33	20 have other procedures done, whether -- it's usually a		
34	21 urogynecologist, one is in Santa Barbara at that time,		
35	22 Ventura.		
36	23 Q. And you said you don't do the Burch,		
37	24 what's the Burch?		
38	25 A. A Burch is another procedure for stress		
39	105		
40	1 urinary incontinence. Open or laparoscopic procedure.		
41	2 It's just a more invasive procedure.		
42	3 Q. Does it involve using sutures into the		
43	4 patient's own tissue?		
44	5 A. Yes.		
45	6 Q. And why don't you perform that type of		
46	7 surgery?		
47	8 A. When I was trained I was trained on both,		

TESTIMONY	OBJECTION	RESPONSE
<p>9 and the studies that came out at that time showed that</p> <p>10 the pubovaginal sling was more successful in</p> <p>11 treatment.</p> <p>12 Q. And you've continued to use the pubovaginal</p> <p>13 sling in lieu of the Burch procedure?</p> <p>14 A. Correct.</p> <p>15 Q. How about have you ever done repairs with</p> <p>16 autologous tissue?</p> <p>17 A. No.</p> <p>105:22-106:12 [BOSTON SCIENTIFIC]</p> <p>22 Q. Have you ever been trained to do that?</p> <p>23 A. No.</p> <p>24 Q. How about cadaveric tissue, ever used</p> <p>25 cadaveric tissue for the treatment of SUI?</p> <p>106</p> <p>1 A. I haven't. Urologists in town have.</p> <p>2 Again, our practice, we send a lot of patients to them</p> <p>3 or have them take care of it.</p> <p>4 Q. Did you discuss any of those options with</p> <p>5 Ms. Sanchez?</p> <p>6 A. In my discussions with her I don't see that</p> <p>7 specifically on paper, but I know in general I always</p> <p>8 talk about those things and talk about options of</p> <p>9 sending a patient to a different specialist.</p> <p>10 Q. And did you recommend a particular type of</p> <p>11 surgical procedure for the treatment of her SUI?</p> <p>12 A. For her SUI, pubovaginal sling.</p> <p>106:14-107:17 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 15]</p> <p>14 A. As well as treatment of her prolapse.</p> <p>15 Q. And why did you make that recommendation</p> <p>16 for her at that time?</p> <p>17 A. I thought that would be the best treatment</p> <p>18 for her symptoms.</p> <p>19 Q. How about for POP, at that time what</p> <p>20 surgical options would have been available to</p> <p>21 Ms. Sanchez for the treatment of her POP?</p> <p>22 A. Hysterectomy and repair of a cystocele and</p> <p>23 rectocele, and whether you then additionally use mesh</p> <p>24 or</p> <p>25 not, that was another discussion.</p> <p>26 Q. Was there a native tissue repair option for</p> <p>107</p> <p>1 the treatment of POP? Do you know what I mean by</p> <p>28 native</p>		

TESTIMONY	OBJECTION	RESPONSE
<p>1 tissue? Was there a non-mesh procedure --</p> <p>2 A. Yes.</p> <p>3 Q. -- that could have been offered to her?</p> <p>4 A. Yes.</p> <p>5 Q. Did you talk to her about this</p> <p>6 possibility?</p> <p>7 A. Absolutely.</p> <p>8 Q. Did you recommend that she have that type</p> <p>9 of procedure?</p> <p>10 A. No, I recommended using a mesh procedure.</p> <p>11 Q. And why didn't you recommend the non-mesh</p> <p>12 procedure?</p> <p>13 A. I felt at her age and her activity level</p> <p>14 that she would benefit from mesh. It would provide --</p> <p>15 it would provide a longer repair and there would be less</p> <p>16 chance of recurrence down the road.</p> <p>17</p> <p>18 107:21-108:21 [BOSTON SCIENTIFIC]</p> <p>19 Q. Are you trained to do abdominal --</p> <p>20 A. Like a sacrocolpopexy?</p> <p>21 Q. Yes.</p> <p>22 A. I scrubbed in in residency. I wouldn't try</p> <p>23 to do one now.</p> <p>24</p> <p>25 108</p> <p>1 Q. Have you recommended any of your patients</p> <p>2 to have an abdominal sacrocolpopexy before?</p> <p>3 A. Uh-huh.</p> <p>4 Q. And why did you make those recommendations</p> <p>5 in that instance?</p> <p>6 A. Same thing, if I didn't think that she was</p> <p>7 a candidate for mesh, if I felt there was going to be</p> <p>8 some other problems or if I felt she had had multiple</p> <p>9 surgeries and had still had recurrent issues I would</p> <p>10 then have her see someone much more specialized.</p> <p>11 Q. And why weren't you making those</p> <p>12 recommendations initially?</p> <p>13 A. Because I thought hers was very</p> <p>14 straightforward and could be --</p> <p>15 Q. The surgical treatment options we talked</p> <p>16 about for SUI, do those also come with a risk of</p> <p>17 potential pain associated?</p> <p>18 A. Yes.</p> <p>19 Q. And the non-mesh surgical procedures</p> <p>20 available for the treatment of POP, those also come</p> <p>21 with</p> <p>22 a risk of pain?</p>		

1	TESTIMONY	OBJECTION	RESPONSE
2	108:23 [BOSTON SCIENTIFIC] 23 THE WITNESS: Sure.		
3	108:25-109:2 [BOSTON SCIENTIFIC]		
4	25 Q. Am I correct that all surgical procedures 109		
5	1 for the treatment of SUI have a potential risk of		
6	2 pain?		
7	109:4 4 THE WITNESS: Yes.		
8	109:6-8 [BOSTON SCIENTIFIC]		
9	6 Q. And am I correct that all surgical		
10	7 procedures for the treatment of POP have a potential		
11	8 risk of pain?		
12	109:10-11 [BOSTON SCIENTIFIC]		
13	10 THE WITNESS: I think any surgery has a		
14	11 potential risk of pain.		
15	109:13-18 [BOSTON SCIENTIFIC]		
16	13 Q. That would include surgical procedure for		
17	14 POP?		
18	15 A. Absolutely.		
19	16 Q. Am I also correct that all surgical		
20	17 procedures available for the treatment of SUI have a		
21	18 possible risk of failure?		
22	109:20		
23	20 THE WITNESS: Yes.		
24	109:22-111:2 [BOSTON SCIENTIFIC]		
25	22 Q. And by failure I'm referring here to		
26	23 potential recurrence, for instance?		
27	24 A. Correct.		
28	25 Q. Am I also correct that all surgical options		
	110		
	1 available for the treatment of POP also come with a		
	2 potential risk of failure?		
	3 A. Correct.		
	4 Q. And that would include recurrence?		
	5 A. Correct.		
	6 Q. When was the first time that you used		
	7 synthetic mesh for the treatment of SUI?		
	8 A. I think it was -- it's somewhere in 2004,		
	9 2005.		
	10 Q. Now, I thought you said you also used some		
	11 in your residency; is that incorrect?		
	12 A. Not mesh for -- I was --		

	TESTIMONY	OBJECTION	RESPONSE
1	13 Q. For SUI.		
2	14 A. Oh, I'm sorry, for SUI. I apologize. So		
3	15 the 2004, 2005 is for the POP. For SUI it was starting		
4	16 back in residency.		
5	19 Q. Okay. And over the course of your		
6	20 residency and practice how many times, if you can		
7	21 estimate for me, have you placed synthetic mesh for the		
8	22 treatment of SUI?		
9	23 A. Oh, I would have no idea.		
10	24 Q. Any way to estimate?		
11	25 A. I mean hundreds.		
12			111
13	1 Q. Okay. And so have your patients had		
14	2 success with those placements?		
15	111:4-8 [BOSTON SCIENTIFIC]		
16	4 THE WITNESS: Yes.		
17	5 BY MS. WEILER:		
18	6 Q. Do you know how many of the patients in		
19	7 whom you have placed synthetic mesh for the treatment		
20	8 of		
21	8 SUI, how many have had complications?		
22	111:10-15 [BOSTON SCIENTIFIC]		
23	10 THE WITNESS: Sometimes patients don't		
24	11 come		
25	11 back to you, so you don't always have an accurate -- so		
26	12 I would say SUI, just a handful of patients.		
27	13 BY MS. WEILER:		
28	14 Q. Is a handful less than ten?		
29	15 A. Yeah.		
30	111:17		
31	17 THE WITNESS: That I know of.		
32	111:19-112:2 [BOSTON SCIENTIFIC]		
33	19 Q. So you started doing placement of mesh for		
34	20 POP about 2004, right?		
35	21 A. Correct.		
36	22 Q. And can you estimate for me how many times		
37	23 you have placed synthetic mesh for the treatment of		
38	24 POP?		
39	25 A. Same thing. I mean, it would be, I don't		
40			112
41	1 know, up to 20 per year, you know, since then, so a		
42	2 hundred-ish.		

1	TESTIMONY	OBJECTION	RESPONSE
2	112:8-13 [BOSTON SCIENTIFIC]		
3	8 Q. Approximately?		
4	9 A. Maybe more.		
5	10 Q. Okay. And so you've had success in placing		
6	11 those synthetic mesh for the treatment of POP in your		
7	12 patients?		
8	13 A. Yes.		
9	112:16-17, 19, 23-25 [PLAINTFFS COMPLETENESS		
10	DESIGNATION]		
11	16 Q. And to the extent you know, how many of		
12	17 those patients have had complications?		
13	19 THE WITNESS: More than the SUI patients.		
14	21 Q. Can you estimate for me?		
15	23 THE WITNESS: I have no idea.		
16	24 BY MS. WEILER:		
17	25 Q. Is it less than 20?		
18	113:2-8 [PLAINTIFFS' COMPLETENESS		
19	DESIGNATION]		
20	2 THE WITNESS: You know, it's hard -- it's		
21	3 hard because there's moments like if somebody has an		
22	4 erosion and you treat it once and it goes away, that		
23	5 doesn't seem like a big ordeal. Somebody like this		
24	6 patient has to come multiple years, multiple times,		
25	7 that's completely different. So I mean, if I said 20,		
26	8 maybe 20. I don't know.		
27	113:10-14 [BOSTON SCIENTIFIC]		
28	10 Q. And I believe you said that Ms. Sanchez is		
	11 a unique case for your practice?		
	12 A. Very unique. Because my partner's doing		
	13 just as many, if not more cases, so we have a fair		
	14 amount of patients who are being treated.		
	114:2-115:19 [BOSTON SCIENTIFIC]		
	2 Q. So in terms of the assessing the different		
	3 types of treatment options to provide to your patients,		
	4 you mentioned that, you know, you've clearly gone to		
	5 conferences; is that right?		
	6 A. Correct.		
	7 Q. So do you use conferences as a source of		
	8 information to inform you about treatment options		
	9 available to your patients?		
	10 A. As well as paper literature and Internet		
	11 literature.		
	12 Q. So paper literature, is that like medical		

1	TESTIMONY	OBJECTION	RESPONSE
2	13 journals?		
3	14 A. Correct.		
4	15 Q. And Internet literature, is that also just		
5	16 electronic versions of the same?		
6	17 A. Correct. Electronic versions in		
7	18 different -- you know, you can find more studies and		
8	19 different things that maybe is not in one of your		
9	20 current journals.		
10	21 Q. Okay. Do you also rely on colleagues to		
11	22 provide you information about potential treatment		
12	23 options for your patients?		
13	24 A. To a degree, not necessarily.		
14	25 Q. Okay. What other sources do you rely on		
15	1 with regard to identifying potential treatment options		
16	2 for your patients with SUI or POP?		
17	3 A. I mean, we look at what ACOG is		
18	4 recommending and just sort of get the general sort of		
19	5 trends in the industry, and seeing what we think is		
20	6 worth looking into or what's risky and what's not risky.		
21	7 And then of course there are always the representatives		
22	8 who come to the office and many times they'll show		
23	9 something new and give you their paper literature and		
24	10 looking through that.		
25	11 Q. So you have met with a Boston Scientific		
26	12 sales rep in the past; is that right?		
27	13 A. A few.		
28	14 Q. And they have provided you with literature		
	15 regarding their products?		
	16 A. Absolutely.		
	17 Q. Do you rely on sales representatives in		
	18 making medical decisions?		
	19 A. 100 percent no.		
	115:22-24 [BOSTON SCIENTIFIC]		
	22 Q. Do you rely on sales representatives in		
	23 making medical decisions about the safety of medical		
	24 devices?		
	116:1 [BOSTON SCIENTIFIC]		
	1 THE WITNESS: No.		
	116:3-6 [BOSTON SCIENTIFIC]		
	3 Q. And am I correct that your interactions		
	4 with sales reps that doesn't replace your own		
	5 independent medical judgment, right?		
	6 A. Correct.		



1	TESTIMONY	OBJECTION	RESPONSE
2	116:11-117:6 [BOSTON SCIENTIFIC]		
3	11 Q. How about Pinnacle, do you have specific		
4	12 recall about discussions you had with Boston Scientific		
5	13 sales reps about the Pinnacle?		
6	14 A. Not specifically.		
7	15 Q. In terms of the materials that Boston		
8	16 Scientific sales reps have provided you regarding		
9	17 Pinnacle, do you have a specific recollection of the		
10	18 material they provided you?		
11	19 A. Not specifically.		
12	20 Q. Is it your understanding that they provided		
13	21 you with directions for use perhaps?		
14	22 A. Directions for use, studies, you know,		
15	23 trying to show you the efficacy of why their product is		
16	24 superior to what we were doing, how their mesh would		
17	25 be		
18	different to what we're putting in.		
19			
20	1 Q. But you don't have specific recall of the		
21	2 materials they provided?		
22	3 A. Not specifically.		
23	4 Q. Do you remember the first time you saw a		
24	5 directions for use with the Pinnacle?		
25	6 A. No.		
26			
27	117:11-13 [BOSTON SCIENTIFIC]		
28	11 Q. But you have read both of those; is that		
29	12 right?		
30	13 A. At some point.		
31			
32	117:14-17 [BOSTON SCIENTIFIC]		
33	14 Q. Do you have specific recollection of an		
34	15 instance of where a Boston Scientific sales		
35	16 representative did not answer your questions about the		
36	17 Pinnacle in a forthright and honest way?		
37			
38	117:19 [BOSTON SCIENTIFIC]		
39	19 THE WITNESS: No.		
40			
41	117:21-22 [BOSTON SCIENTIFIC]		
42	21 Q. And same question, how about the Advantage		
43	22 Fit?		
44			
45	117:24 [BOSTON SCIENTIFIC]		
46	24 THE WITNESS: No.		
47			
48	118:2-12 [BOSTON SCIENTIFIC]		

1	TESTIMONY	OBJECTION	RESPONSE
2	Q. Other than sales representatives have you		
3	4 had any other contact with Boston Scientific regarding		
4	5 the Pinnacle or the Advantage?		
5	6 A. No.		
6	7 Q. Have you ever attended any Boston		
7	8 Scientific training?		
8	9 A. No.		
9	10 Q. So any cadaver labs?		
10	11 A. Not from Boston Scientific.		
11	12 Q. How about from other manufacturers?		
12	13 A. Sure.		
13	119:19-120:18 [BOSTON SCIENTIFIC]		
14	19 Q. And did you -- you felt that based on your		
15	20 clinical experience -- well, prior to Ms. Sanchez'		
16	21 surgery in 2010, based on your clinical experience you		
17	22 felt that you had developed the adequate skill and		
18	23 expertise required to perform the surgical techniques		
19	24 for placement of the synthetic sling, right?		
20	25 A. Correct.		
21	120		
22	1 Q. And also, again, before Ms. Sanchez'		
23	2 surgery, based on your clinical practice, you felt that		
24	3 you developed the adequate skill and expertise required		
25	4 to perform the surgical techniques involved with placing		
26	5 mesh for POP; is that right?		
27	6 A. Correct.		
28	7 Q. And that's also true of the techniques		
29	8 required for placing the Advantage Fit, you felt you had		
30	9 the adequate skill and expertise to place that prior to		
31	10 placing Ms. Sanchez'?		
32	11 A. Correct.		
33	12 Q. And you felt prior to placing her Pinnacle		
34	13 that you had the adequate skill and expertise to place		
35	14 that device as well?		
36	15 A. Correct.		
37	16 Q. And I'm also correct that you believe you		
38	17 had the sufficient training and expertise to deal with		
39	18 complications that might arise from those surgeries?		
40	120:20 [BOSTON SCIENTIFIC]		
41	20 THE WITNESS: Correct.		
42	120:23-121:14 [BOSTON SCIENTIFIC]		
43	23 Other than your residency, have you ever		
44	24 sat in with perhaps more experienced physicians with		
45	25 regard to the placement of a Pinnacle prior to your		
46	121		

	TESTIMONY	OBJECTION	RESPONSE
1	1 placing your own?		
2	2 A. No. I mean, my -- I saw my partner do it,		
3	3 but nothing, no.		
4	4 Q. How about the Advantage Fit, other than in		
5	5 residency have you ever sat in with a more experienced		
6	6 physician to watch the placement of Advantage Fit		
7	7 before		
8	8 you did your own?		
9	9 A. No.		
10	10 Q. And that's because you had done those		
11	11 procedures before?		
12	12 A. Correct.		
13	13 Q. Have you ever had any Pinnacle specific		
14	14 training?		
15	15 A. No.		
16	16 121:17-21 [BOSTON SCIENTIFIC]		
17	17 Q. Have you ever attended any training offered		
18	18 by Boston Scientific with regards to the Pinnacle?		
19	19 A. No.		
20	20 Q. And did you have an understanding that that		
21	21 type of training was available?		
22	22 121:23 - 122:1 [BOSTON SCIENTIFIC]		
23	23 THE WITNESS: Probably. We were doing the		
24	24 procedure without Pinnacle, using different product, but		
25	25 essentially doing the entire procedure well before		
26	26 122		
27	27 1 Pinnacle came out.		
28	28 122:3-12 [BOSTON SCIENTIFIC]		
	3 Q. When assessing treatment options for your		
	4 patients you considered the potential risks and benefits		
	5 associated with those treatment options, right?		
	6 A. Correct.		
	7 Q. Am I correct that you get, much like you		
	8 described before, that the information about treatment		
	9 options for your patients with SUI and POP, the		
	10 information you look to to identify those options, does		
	11 that information also pertain to the risks and benefits		
	12 of those treatment options?		
	13 122:14 [BOSTON SCIENTIFIC]		
	14 THE WITNESS: Yes.		
	15 122:16-25 [BOSTON SCIENTIFIC]		
	16 Q. And so am I correct that you looked to		
	17 medical literature to help you understand the risks and		
	18 benefits associated with treatment options for POP?		

	TESTIMONY	OBJECTION	RESPONSE
1	19 A. Correct.		
2	20 Q. And that you also look to medical		
3	21 literature to identify the risks and benefits associated		
4	22 with the treatment options available for SUI?		
5	23 A. Correct.		
6	24 Q. Do you as part of your practice, do you		
7	25 keep up with medical literature about SUI and POP?		
8	123:1 [BOSTON SCIENTIFIC]		
9	1 A. I think so, yes.		
10	123:5-10 [BOSTON SCIENTIFIC]		
11	5 Q. And do you read medical literature on a		
12	6 regular basis?		
13	7 A. Regular basis.		
14	8 Q. Has that always been the case in your		
15	9 practice?		
16	10 A. Yeah, it's important to stay current.		
17	123:15-20 [BOSTON SCIENTIFIC]		
18	15 Q. And do you offer -- do you still use		
19	16 synthetic slings for your patients today?		
20	17 A. For stress incontinence, yes.		
21	18 Q. Yes. And so based on your clinical		
22	19 experience do you believe that mesh slings are an		
23	20 effective option for women as a treatment of SUI?		
24	123:22 [BOSTON SCIENTIFIC]		
25	22 THE WITNESS: Yes.		
26	123:24-25 [BOSTON SCIENTIFIC]		
27	24 Q. And do you also believe that synthetic		
28	25 slings for the treatment of SUI are a safe option for		
	124:1 [BOSTON SCIENTIFIC]		
	1 women for the treatment of SUI?		
	124:3 [BOSTON SCIENTIFIC]		
	3 THE WITNESS: Yes.		
	124:5-8 [BOSTON SCIENTIFIC]		
	5 Q. Based on your clinical experience, do you		
	6 believe that mesh with the treatment of POP can be an		
	7 effective option for the treatment of POP in some		
	8 women?		
	124:10 [BOSTON SCIENTIFIC]		
	10 THE WITNESS: Yes.		
	126:19-127:9 [BOSTON SCIENTIFIC]		
	19 Q. Now, when you started using slings back in		
	20 the late 1990s did you have an understanding that there		

1	TESTIMONY	OBJECTION	RESPONSE
21	were risks associated with using those devices?		
22	A. Yes.		
23	Q. And when you started using synthetic mesh		
24	for POP, so when you --		
25	A. Right.		
	127		
1	Q. Did you also understand there were risks		
2	associated with that procedure?		
3	A. Yes.		
4	Q. So you understood that there are risks		
5	associated with the use of the Advantage Fit?		
6	A. Yes.		
7	Q. And you also understood that there were		
8	risks associated with the use of Pinnacle?		
9	A. Yes.		
10	127:12-14 [BOSTON SCIENTIFIC]		
11	Q. And you became aware of the risks		
12	associated with use of Pinnacle as early as 2004 when		
13	you started using it; is that right?		
14	127:16-17		
15	THE WITNESS: Well, there's inherent risk,		
16	yes.		
17	128:2-25 [BOSTON SCIENTIFIC] [Def. Ex. 7]		
18	Q. Have you seen this document before?		
19	A. Not that I recall.		
20	Q. Okay. Do you know what it is?		
21	A. It looks like an instruction manual.		
22	Q. For what?		
23	A. For the Advantage Fit system.		
24	Q. And I believe you said earlier that you had		
25	at some point, perhaps long ago, reviewed the DFU, the		
26	directions for use for the Advantage Fit; is that		
27	right?		
28	A. I'm assuming that when the representative		
	came with the paper literature that it was what -- I		
	looked at that, yes.		
	Q. Would you have also looked at this type of		
	thing in the course of your residency?		
	A. No.		
	Q. Were you aware that the DFU accompanies the		
	actual device?		
	A. I don't understand what you're asking, that		
	this comes specifically from the company?		
	Q. No, no, no. Are you aware that the		
	directions for use actually comes with the sling		

TESTIMONY	OBJECTION	RESPONSE
<p>24 itself?</p> <p>25 A. I did not.</p> <p>129:7-11 [BOSTON SCIENTIFIC]</p> <p>7 Q. Is it also your understanding that the</p> <p>8 directions for use would also include information</p> <p>9 regarding potential risks and benefits associated with</p> <p>10 the device?</p> <p>11 A. It makes sense, yes.</p> <p>129:17-23 [BOSTON SCIENTIFIC]</p> <p>17 Q. And in the course of the treatment options</p> <p>18 that you offer to your patients you prescribe drugs,</p> <p>19 right?</p> <p>20 A. Uh-huh, yes.</p> <p>21 Q. And you also prescribe potentially</p> <p>22 implantable medical devices, right?</p> <p>23 A. Yes.</p> <p>131:18-25 [BOSTON SCIENTIFIC]</p> <p>18 Q. It also says, "The physician's advised to</p> <p>19 consult the medical literature regarding techniques,</p> <p>20 complications and hazards associated with intended</p> <p>21 procedures." Did I read that correctly?</p> <p>22 A. Correct.</p> <p>23 Q. Am I right that you review medical</p> <p>24 literature as a part of your practice, right?</p> <p>25 A. Yes.</p> <p>137:11-16 [BOSTON SCIENTIFIC] [Def. Ex. 7]</p> <p>11 Q. You've got Exhibit 3 in front of you,</p> <p>12 right?</p> <p>13 A. Got it.</p> <p>14 Q. So it's your understanding that you</p> <p>15 reviewed this DFU in the past; is that right?</p> <p>16 A. At some point, yes.</p> <p>1 BY MS. WEILER:</p> <p>2 Q. And is it your understanding that it</p> <p>3 provides you information regarding the procedures</p> <p>4 involved with placement of the Pinnacle?</p> <p>5 A. Yes.</p> <p>6 Q. And is it also your understanding that this</p> <p>7 directions for use contained information regarding the</p> <p>8 potential risks and benefits associated with the</p> <p>9 Pinnacle placement?</p>		

1	TESTIMONY	OBJECTION	RESPONSE
2	138:11-140:4 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 7]		
3	11 THE WITNESS: Yes.		
4	12 BY MS. WEILER:		
5	13 Q. So if you can turn to Page 3 again, I'm		
6	14 referring to the little numbers at the bottom of the		
7	15 text. At the top of the first column it begins again by		
8	16 saying "Federal law restricts this device for sale by or		
9	17 on the order of a physician." Did I read that		
10	18 correctly?		
11	19 A. Correct.		
12	20 Q. And so that means that the patient can't		
13	21 get it without you ordering it for her, right?		
14	22 A. Right.		
15	23 Q. Okay. So just underneath that it says,		
16	24 "Training on the use of the Pinnacle pelvic floor kit is		
17	25 recommended and available." Did I read that correctly?		
18	139		
19	1 A. Yes.		
20	2 Q. And so was it your understanding that		
21	3 training was available for the Pinnacle placement?		
22	4 A. Yes.		
23	5 Q. Just after that it says, "Contact your		
24	6 company sales representative to arrange for this		
25	7 training. Physicians should have experience in the		
26	8 management of complications resulting from procedures		
27	9 using surgical mesh." Did I read that correctly?		
28	10 A. Correct.		
29	11 Q. And am I right that you had experience in		
30	12 the management of complications resulting from		
31	13 procedures using surgical mesh at the time you placed		
32	14 Ms. Sanchez' device?		
33	15 A. Yes.		
34	16 Q. And was it also your understanding that you		
35	17 could ask your Boston Scientific sales rep for training		
36	18 regarding Pinnacle use if you so desired?		
37	19 A. Yes.		
38	20 Q. Now, just down below in that same column it		
39	21 says, "Intended use indications for use." Do you see		
40	22 that?		
41	23 A. Uh-huh.		
42	24 Q. The text that's written there, is that the		
43	25 indication for which you were treating Ms. Sanchez		
44	26 with		
45	140		
46	1 the Pinnacle?		
47	2 A. Yes.		

1	TESTIMONY	OBJECTION	RESPONSE
2	3 Q. And you thought that she was an appropriate		
3	4 candidate for this device?		
4	140:6		
5	6 THE WITNESS: Yes.		
6	140:11-141:16 [BOSTON SCIENTIFIC] [Referencing Def.		
7	Ex. 7]		
8	11 Q. It says, "The Pinnacle synthetic mesh is		
9	12 contraindicated for use in any patient in whom soft		
10	13 tissue implants are contraindicated. In addition,		
11	14 patients with:" And below I'm looking at the sixth		
12	15 bullet, it says, "Blood coagulation disorders." Do I		
13	16 see that?		
14	17 A. Yes.		
15	18 Q. I mean did I read that correctly?		
16	19 A. Yes.		
17	20 Q. Am I correct that the blood coagulation		
18	21 disorder is like the factor V Leiden that we talked		
19	22 about earlier?		
20	23 A. Yes.		
21	24 Q. And am I correct that you considered		
22	25 Ms. Sanchez' factor V Leiden status at the time that you		
23	141		
24	1 prescribed the Pinnacle for her?		
25	2 A. Yes.		
26	3 Q. And that despite that condition you still		
27	4 felt that it was a safe device for implantation in		
28	5 her?		
	6 A. Yes.		
	7 Q. And you still felt she was an appropriate		
	8 candidate for the Pinnacle?		
	9 A. Yes.		
	10 Q. We also talked about her history of DVTs.		
	11 Do you recall that discussion?		
	12 A. Uh-huh.		
	13 Q. Is that yes?		
	14 A. Yes.		
	15 Q. Does a DVT fall under blood coagulation		
	16 disorder or is that something separate?		
	141:18-142:14 [BOSTON SCIENTIFIC] [Referencing Def.		
	Ex. 7]		
	18 THE WITNESS: It's something separate.		
	19 BY MS. WEILER:		
	20 Q. If you could turn to Page 4, first column		
	21 under warning/potential complications. Do you see		
	22 that?		



1	TESTIMONY	OBJECTION	RESPONSE
23	A. Yes.		
24	Q. I'm looking at the seventh bullet down, it		
25	starts with "In the event that infection presents		
3	142		
4	1 post-procedure, the entire mesh may have to be removed		
5	2 or revised."		
6	3 A. Yes.		
7	4 Q. Did you talk to Ms. Sanchez about the		
8	5 possibility that her mesh could be removed?		
9	6 A. I never discussed with her having the		
10	7 entire mesh, it was my understanding, still is, that		
11	8 it's not easy to take -- it's not like something that		
12	9 easily slides out. It's an involved procedure that is		
13	10 not usually successful.		
14	11 Q. And did you -- but did you talk to her		
15	12 about the possibility that she might have to have		
16	13 portions of her mesh removed?		
17	14 A. Yes.		
18	143:8-16 [BOSTON SCIENTIFIC]		
19	8 Q. Okay. So let me clarify then. Prior to		
20	9 placing Ms. Sanchez' mesh did you talk to her about the		
21	10 risk of erosion?		
22	11 A. So I talked about different complications		
23	12 from the mesh, and erosion always comes up in that		
24	13 conversation.		
25	14 Q. Okay. And so is erosion something that you		
26	15 always talk about to your patients who are		
27	16 contemplating		
28	17 the placement of mesh for the treatment of SUI?		
	143:18		
	18 THE WITNESS: For synthetic mesh, yes.		
	144:3-9 [BOSTON SCIENTIFIC]		
	3 Q. So then let's talk about synthetic mesh for		
	4 the treatment of POP. When you were still placing that		
	5 type of mesh, did you talk to your patients about the		
	6 potential risk of erosion associated with the placement		
	7 of synthetic mesh for the treatment of POP?		
	... 9 A. Yes.		
	144:11-12 [BOSTON SCIENTIFIC]		
	11 Q. Did it include Ms. Sanchez?		
	12 A. Yes.		
	145:19-146:20 [BOSTON SCIENTIFIC] [Referencing Def.		

1	TESTIMONY	OBJECTION	RESPONSE
2	Ex. 7]		
3	19 Q. It says, "Tissue responses to the implant		
4	20 could include local irritation at the wound site,		
5	21 vaginal erosion or exposure through the urethra or other		
6	22 surrounding tissue, migration of the device from the		
7	23 desired location, fistula formation, foreign body		
8	24 reaction and inflammation. The occurrence of these		
9	25 responses may require removal or revision of the		
10	mesh."		
11	146		
12	1 Did I read that correctly?		
13	2 A. Correct.		
14	3 Q. At the time of placing Ms. Sanchez'		
15	4 Pinnacle were you aware of these potential		
16	5 complications?		
17	6 A. Yes.		
18	7 Q. Including you were also aware that she		
19	8 might have to have removal or revision of her Pinnacle		
20	9 mesh; is that right?		
21	10 A. Yes.		
22	11 Q. Is that something you communicated to		
23	12 her?		
24	13 A. I'm assuming. I mean, I spoke about the		
25	14 complications, I spoke about erosion and things like		
26	15 that. I know I did not discuss with patients about		
27	16 having their mesh removed in part or in total because I		
28	17 did not believe that that was something that could be		
	18 performed, but they knew that this was a permanent		
	19 structure that was staying with them. They understood		
	20 that. We discussed permanence.		
	147:21-22 [BOSTON SCIENTIFIC]		
	21 Q. But you talked to them about erosion?		
	22 A. Correct.		
	148:6-25 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
	7]		
	6 Q. So erosion and exposure to you are the same		
	7 thing?		
	8 A. Yes.		
	9 Q. Okay. But that was something that you		
	10 talked about with your patients prior to implantation of		
	11 synthetic mesh for POP?		
	12 A. Correct.		
	13 Q. And you also talked to Ms. Sanchez about		
	14 that?		
	15 A. Correct.		

1	TESTIMONY	OBJECTION	RESPONSE
2	16 Q. Okay. Three bullets down from that says, 17 "Known risks of surgical procedures for the treatment 3 of 4 prolapse include pain, infection, erosion/exposure, 5 device migration, complete failure of the procedure 6 resulting in recurrent or de Novo prolapse and/or 7 incontinence." Did I read that correctly? 8 A. Correct. 9 Q. Were you aware of these potential 10 complications associated with the placement of 11 Pinnacle 12 for the treatment of POP? 13 149:2 [BOSTON SCIENTIFIC] 14 2 THE WITNESS: Yes. 15 149:4-6 [BOSTON SCIENTIFIC] 16 4 Q. And you knew that before you placed 17 5 Ms. Sanchez'? 18 6 A. Yes. 19 149:9-10 [BOSTON SCIENTIFIC] 20 9 Q. And did you talk with her about those 21 10 potential complications? 22 149:12 [BOSTON SCIENTIFIC] 23 12 THE WITNESS: Yes. 24 149:14-150:4 [BOSTON SCIENTIFIC] [Referencing Def. 25 Ex. 7] 26 14 Q. Down below under Precaution it says, 27 15 "Surgical treatment of female pelvic organ prolapse 28 16 should be performed by clinicians with adequate 17 training 18 and experience." Did I read that correctly? 19 A. Yes. 20 Q. And am I correct that you felt you had the 21 adequate training and experience to place the Pinnacle 22 prior to placing it in Ms. Sanchez? 23 A. Yes. 24 Q. Down the next column it says, "Adverse 25 events." Do you see that? 26 A. Yes. 27 28 150 1 Q. And it was your understanding prior to 2 placing Ms. Sanchez' Pinnacle that there were potential 3 complications associated with the placement of that 4 device, right? 150:6 [BOSTON SCIENTIFIC]		

1	TESTIMONY	OBJECTION	RESPONSE
2	6 THE WITNESS: Yes. 150:8-12 [BOSTON SCIENTIFIC]		
3	8 Q. You were aware of potential risk of 9 adhesion formation associated with that device?		
4	10 A. Yes.		
5	11 Q. Were you also aware of the potential 12 complication of bruising, hematoma and hemorrhage? 150:14-151:4 [BOSTON SCIENTIFIC]		
6	14 not a potential complication.		
7	15 THE WITNESS: It's an adverse event, yes. 16 Adverse.		
8	17 BY MR. MORELAND:		
9	18 Q. Let me reask my question. Were you aware 19 of the possibility of a patient having adhesion 20 formation following the implantation of Pinnacle?		
10	21 A. Yeah.		
11	22 Q. Were you aware of the possibility of a 23 patient having bruising, hematoma or hemorrhage 24 following the implantation of Pinnacle?		
12	25 A. Yes.		
13			151
14	1 Q. Were you aware of the possibility of a 2 patient to experiencing dyspareunia following 3 implantation of the Pinnacle?		
15	4 A. Yes.		
16	151:7-8 [BOSTON SCIENTIFIC]		
17	7 Q. Were you aware of that prior to placing 8 Ms. Sanchez'?		
18			
19	151:10-152:4 [BOSTON SCIENTIFIC]		
20	10 THE WITNESS: Yes.		
21	11 BY MS. WEILER:		
22	12 Q. And prior to placing Ms. Sanchez' Pinnacle 13 were you aware of the possibility of erosion or 14 extrusion occurring?		
23	15 A. Yes.		
24	16 Q. And prior to placing Ms. Sanchez' Pinnacle 17 were you aware of the possibility of pain, discomfort or 18 irritation occurring after that implant?		
25	19 A. Yes.		
26	20 Q. And were you aware of the possibility that 21 pain might occur following the implantation of a 22 Pinnacle -- strike that.		
27	23 Were you also aware of the possibility of 24 recurrent prolapse occurring after placement of a 25 Pinnacle?		

1	TESTIMONY	OBJECTION	RESPONSE
2	152 1 A. Yes.		
3	2 Q. And were you aware prior to placing		
4	3 Ms. Sanchez' Pinnacle that erosion or extrusion might be		
5	4 associated with the Pinnacle?		
6	152:6-10 [BOSTON SCIENTIFIC]		
7	6 THE WITNESS: Yes.		
8	7 BY MS. WEILER:		
9	8 Q. Were you aware prior to placing		
10	9 Ms. Sanchez' POP Pinnacle that pain might be		
11	10 associated		
12	10 with the Pinnacle?		
13	152:12 [BOSTON SCIENTIFIC]		
14	12 THE WITNESS: Yes.		
15	156:9-15 [BOSTON SCIENTIFIC]		
16	9 Q. Now, you mentioned that you are a member of		
17	10 ACOG, right?		
18	11 A. Correct.		
19	12 Q. And is that -- what is ACOG?		
20	13 A. It's the American College of Obstetrics and		
21	14 Gynecology. It's sort of the guidelines for board		
22	15 certified physicians.		
23	156:22-23 [BOSTON SCIENTIFIC]		
24	22 Q. Is it a profession organization?		
25	23 A. It's a professional organization.		
26	157:4-24 [BOSTON SCIENTIFIC]		
27	4 Q. And am I correct that you have -- you rely		
28	5 on ACOG for one as a source of information about		
	6 potential treatment options that you offer to your		
	7 patients?		
	8 A. One of the sources.		
	9 Q. And you also -- have you also relied on		
	10 information from ACOG with regard to potential risks		
	11 associated with those treatment options?		
	12 A. Yes.		
	13 Q. You mentioned that you have in the past		
	14 referred some of your patients to urogynecologists; is		
	15 that right?		
	16 A. Correct.		
	17 Q. Why is that?		

	TESTIMONY	OBJECTION	RESPONSE
1	18 A. Because I know the scope, the limits of my		
2	19 practice and knowledge base and talent.		
3	20 Q. And are urogynecologist specialists --		
4	21 A. Yes.		
5	22 Q. -- in the field of pelvic organ prolapse		
6	23 repair?		
7	24 A. Yes.		
8	158:13-17 [BOSTON SCIENTIFIC] [Def. Ex. 55]		
9	13 Q. I'll mark as Exhibit 13 and hand it to you.		
10	14 MR. MORELAND: Which one is it?		
11	15 MS. WEILER: It's the Position Statement on		
12	16 Restriction of Surgical Options for Pelvic Floor		
13	17 Disorders. I'm sure you're familiar with it.		
14	159:8-160:6 [BOSTON SCIENTIFIC] [Referencing Def.		
15	Ex. 55]		
16	8 Q. So is this -- correct me if I'm wrong. Is		
17	9 this a position statement put out by the American		
18	10 Urogynecologic Society regarding the use of -- or		
19	11 surgical options for the treatment of pelvic floor		
20	12 disorders?		
21	13 A. Correct.		
22	14 Q. And so this a physician statement that		
23	15 they're issuing in connection with urogynecologists,		
24	16 right?		
25	17 A. Correct.		
26	18 Q. So if I could direct your attention to the		
27	19 first bolded paragraph on that first page, it says, "The		
28	20 American Urogynecologic Society strongly opposes		
	21 any		
	22 restrictions by state or local medical organizations,		
	23 healthcare systems, or insurance companies which ban		
	24 currently available surgical options performed by		
	25 qualified and credentialed surgeons on appropriately		
	informed patients with pelvic floor disorders." Did I		
	160		
	1 read that correctly?		
	2 A. Correct. There's no date on this, when is		
	3 this?		
	4 Q. It's March 26, 2013.		
	5 A. Okay.		
	6 Q. Do you agree with that statement?		
	160:8-9 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
	55]		
	8 THE WITNESS: It says they're opposing any		

1	TESTIMONY	OBJECTION	RESPONSE
2	9 restrictions? Yeah, I guess.		
3	160:14-161:1 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 55]		
4	14 Q. The bold is "The decision on surgical		
5	15 alternatives should be made by the patient and her		
6	16 surgeon." The very bottom of that page it says, "No		
7	17 one		
8	17 approach has proven to be superior in all cases and it		
9	18 is particularly essential that specialists who regularly		
10	19 treat advanced and/or recurrent prolapse are able to		
11	20 maintain a complete set of treatment options in order to		
12	21 provide the most effective individualized care." Did I		
13	22 read that correctly?		
14	23 A. Yes.		
15	24 Q. Is it important to you to have treatment		
16	25 options for your patients?		
17	161		
18	1 A. Yes.		
19			
20			
21	161:4-13 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 55]		
22	4 Q. And would you agree with the statement I		
23	5 just read before?		
24	6 A. Yes.		
25	7 Q. Now, I'm on Page 2 about two sentences		
26	8 after the one I just read, it says, "A ban on the use of		
27	9 synthetic mesh materials would potentially prohibit		
28	10 many		
	10 women from accessing the full range of treatment		
	11 options		
	11 available." Did I read that correctly?		
	12 A. Correct.		
	13 Q. Do you agree with that statement?		
	161:15 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 55]		
	15 THE WITNESS: Yes.		
	161:17-22 [BOSTON SCIENTIFIC]		
	17 Q. If you could turn to Page 3, the top of the		
	18 page in bold, No. 4, it says, "In some circumstances		
	19 transvaginal mesh for pelvic organ prolapse may be the		
	20 most appropriate surgical option."		
	21 A. Yes.		
	22 Q. Do you agree with that statement?		

1	TESTIMONY	OBJECTION	RESPONSE
2	161:24 [BOSTON SCIENTIFIC] 24 THE WITNESS: Yes.		
3	162:2-9 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 55]		
4	2 Q. Down below in the paragraph that follows		
5	3 that it says, very last sentence, "A review of more		
6	4 current studies from 2011 and 2012 suggest that		
7	5 transvaginal mesh placed by experienced mesh surgeons		
8	6 may have mesh erosion rates comparable to abdominally		
9	7 placed mesh." Did I read that correctly?		
10	8 A. Correct.		
11	9 Q. Do you agree with that statement?		
12	162:11 [BOSTON SCIENTIFIC]		
13	11 THE WITNESS: Correct.		
14	162:13-18 [BOSTON SCIENTIFIC]		
15	13 Q. Just underneath that it says, "There are		
16	14 certain clinical situations where many would agree the		
17	15 use of transvaginal mesh is not only acceptable but		
18	16 preferred." Did I read that correctly?		
19	17 A. Yes.		
20	18 Q. Do you agree with that statement?		
21	162:20 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 55]		
22	20 THE WITNESS: Yes.		
23	162:22-163:6 [BOSTON SCIENTIFIC]		
24	22 Q. At the bottom of that paragraph it says,		
25	23 "It is our strong opinion, that there are subsets of		
26	24 women with prolapse, and in some cases those with		
27	most		
28	25 advanced disease, in whom the benefits of transvaginal		
	163:1-6 [BOSTON SCIENTIFIC] [Referencing Def. Ex. 55]		
	1 mesh outweigh the risks and a blanket ban on the use of		
	2 these products compromises patient care." Did I read		
	3 that correctly?		
	4 A. Yes.		
	5 Q. Would you agree with that statement?		
	6 A. Yes.		
	164:8-165:11 [BOSTON SCIENTIFIC] [Def. Ex. 15]		
	8 Q. I'd like to pass you what's been marked		
	9 Exhibit 14. If you could take a look at that and let me		
	10 know have you seen that before?		
	11 A. Yes, this is my office consent form.		
	12 Q. So is that a consent form that you would		
	13 have discussed with Ms. Sanchez prior to her		



1	TESTIMONY	OBJECTION	RESPONSE
2	14 implantation surgery?		
3	15 A. Yes.		
4	16 Q. And can you explain the process that you go		
5	17 through involving this consent form?		
6	18 A. Sure. This is a generic consent form.		
7	19 Essentially in the office I will speak to the patient		
8	20 directly and we'll go over what I think are the risks		
9	21 and benefits of the procedure, then she sees my surgery		
10	22 scheduler who has written this, and this is not my		
11	23 handwriting, this is what I've written on the orders to		
12	24 have surgery.		
13	25 Q. So you're talking about the handwriting		
14	1 mid-page here?		
15	2 A. Correct. And then she has the patient read		
16	3 this thoroughly and have them initial when they read it,		
17	4 but this is more of a generic hysterectomy type of		
18	5 consent.		
19	6 Q. Okay. So this consent is used with your		
20	7 surgery scheduler after you've already talked with the		
21	8 patient?		
22	9 A. After a verbal.		
23	10 Q. That's what occurred with Ms. Sanchez?		
24	11 A. Correct.		
25	165:13-166:9 [BOSTON SCIENTIFIC] [Referencing Def.		
26	Ex. 15]		
27	13 Ms. Sanchez was to read this entire form?		
28	14 A. Correct.		
29	15 Q. And she was to initial each paragraph?		
30	16 A. Correct.		
31	17 Q. And is it your understanding that RS all		
32	18 the way down the first page and on the second page,		
33	19 that		
34	20 those are her initials?		
35	21 A. Correct.		
36	22 Q. And is it your understanding that's her		
37	23 signature on the second page of this document too?		
38	24 A. Correct.		
39	25 Q. So would the discussion that you had with		
40	her prior to her seeing this form have included all the		
41	1 risks that are listed in this paragraph on the first		
42	2 page second from the bottom that starts with "I have		
43	3 been told that this procedure may subject me to a		
44	4 variety of discomforts and risks"?		
45	5 A. Correct.		

1	TESTIMONY	OBJECTION	RESPONSE
2	6 Q. So everything contained in that full		
3	7 paragraph was something you would have talked with		
4	8 Ms. Sanchez about prior to her undergoing the surgery		
5	9 in		
6	10 January 2010?		
7	11 166:11-167:2 [BOSTON SCIENTIFIC] [Referencing Def.		
8	12 Ex. 15]		
9	13 THE WITNESS: Correct. The other consent		
10	14 is that after all of this when she's admitted the day of		
11	15 surgery they look at my orders and write down on their		
12	16 generic consent and make her read their generic		
13	17 consent.		
14	18 BY MS. WEILER:		
15	19 Q. So in that same paragraph that I was just		
16	20 referring to it says, last sentence, "Finally, it must		
17	21 be understood that it is impossible to list every		
18	22 possible undesirable effect and that the condition for		
19	23 which surgery is done is not always cured or		
20	24 significantly improved and in rare cases may be even		
21	25 worse." Did I read that correctly?		
22	26 A. Correct.		
23	27 Q. Is that something that you would discuss		
24	28 167		
25	1 with Ms. Sanchez?		
26	2 A. Yes.		
27	3 167:5-169:8 [BOSTON SCIENTIFIC]		
28	4 Q. And it was your understanding that after		
29	5 your discussion with her and her having signed this		
30	6 consent she was willing to undergo the procedures that		
31	7 you were going to perform in January 2010?		
32	8 A. Correct.		
33	9 Q. When you talked to Ms. Sanchez about the		
34	10 risks, potential risks and benefits associated with the		
35	11 placement of the Pinnacle and the Advantage Fit, did		
36	12 you		
37	13 describe the procedures to her?		
38	14 A. Yes.		
39	15 Q. How did you describe them to her?		
40	16 A. So I speak more in laymen's terms and I		
41	17 discuss the vagina being like a room and how we're		
42	18 going		
43	19 to lift the roof up and put a piece of mesh between the		
44	20 roof and the -- what's above it, sort of in the attic		
45	21 area. Same with the floor, and that way you tack up the		
46	22 walls of the -- the corners of the room and tack things		

	TESTIMONY	OBJECTION	RESPONSE
1	22 up. So I explain it like that in very sort of easier		
2	23 terms to understand.		
3	24 Q. Do you ever show any of your patients a		
4	25 piece of the mesh you're going to implant?		
	168		
5	1 A. I haven't.		
6	2 Q. Do you use any sort of models or pictures		
7	3 or anything to help with your discussion?		
8	4 A. We do use some pictures, just some -- we		
9	5 have a -- I think it's from ACOG, a book of just generic		
10	6 anatomy to sort of show patients, but I tend to use my		
11	7 hands, gesture.		
12	8 Q. Would you have used some of those pictures		
13	9 with Ms. Sanchez?		
14	10 A. Probably.		
15	11 Q. And did you specifically talk about the		
16	12 actual products you were going to be implanting in		
17	13 Ms. Sanchez with her?		
18	14 A. I did.		
19	15 Q. Did you talk to her about the Advantage Fit		
20	16 in particular?		
21	17 A. I did.		
22	18 Q. And what did you say to her?		
23	19 A. So I tell patients that it's a		
24	20 polypropylene mesh and that polypropylene has been		
25	used		
26	21 for many different purposes, hernias and things like		
27	22 that over time, and that I've used it for many, many		
28	23 years and have had good success with it, and just		
	24 explained that it's, you know, a product that's been		
	25 tried and tested and what I thought to be safe.		
	169		
1	1 Q. And did you also talk with her specifically		
2	2 about the Pinnacle?		
3	3 A. Same thing, yes.		
4	4 Q. So you related the same kind of details as		
5	5 you did about the Fit about the Pinnacle to her?		
6	6 A. Yes. Correct. And reassured her that		
7	7 these are procedures we would do even without mesh,		
8	you		
9	8 know, it's not -- we weren't inventing the wheel.		
10	169:11-12 [BOSTON SCIENTIFIC]		
11	11 When you talked to her about erosion, what		
12	12 did you tell Ms. Sanchez?		
13	169:14-23 [BOSTON SCIENTIFIC]		

	TESTIMONY	OBJECTION	RESPONSE
1	14 THE WITNESS: That sometimes with our		
2	15 literature, as well as with our experience, that some		
3	16 people have where the mesh is exposed, mesh erosion.		
4	17 I've never had a case where it erodes up into the		
5	18 urethra or the bladder, things that I know of. And that		
6	19 a lot of it has to do with placement and how it is		
7	20 placed. But that we have seen it erode into the vaginal		
8	21 mucosa and when that happens it's usually a quick		
9	22 simple		
10	23 little procedure in the office and there's ways to		
11	24 handle it.		
12	169:25-170:4 [BOSTON SCIENTIFIC]		
13	25 Q. And that is in part based on what you've		
14	170		
15	1 seen in the literature and clinical practice?		
16	2 A. Yes.		
17	3 Q. And when you talked to her about the		
18	4 dyspareunia what did you tell her?		
19	170:6-15 [BOSTON SCIENTIFIC]		
20	6 THE WITNESS: That, again, it has to do		
21	7 with the placement of the mesh and the way the surgery,		
22	8 and that in our history and anecdotally in our office		
23	9 that if it's placed appropriately most of the time it's		
24	10 not necessarily a common occurrence but, you know, if		
25	11 it		
26	12 is -- if using different meshes and different product		
27	13 you can have shortening or you can have where the		
28	14 vagina		
	15 cylindrically can become tighter and that can cause		
	16 problems, and I would do my best to not have that		
	17 occur.		
	171:24-172:2 [BOSTON SCIENTIFIC] [Def. Ex. 15]		
	24 Q. Mark as Exhibit 16 another two-page		
	25 document Bates SanchezR Plaintiff 121 and 122. Take		
	a		
	172		
	1 quick look, let me know when you've had a chance to do		
	2 so, I'd appreciate it.		
	172:7-174:9 [BOSTON SCIENTIFIC] [Referencing Def.		
	Ex. 15]		
	7 Q. Have you seen this document before?		
	8 A. Yes, this is my H&P.		
	9 Q. So this is something you created?		

	TESTIMONY	OBJECTION	RESPONSE
1	10 A. Correct.		
2	11 Q. And is this a requirement that you have to		
3	12 do before surgery?		
4	13 A. Correct.		
5	14 Q. In the first paragraph it says HPI, it		
6	15 says -- second sentence from the bottom -- or third,		
7	16 "She uses tubal ligation as her mode of contraception		
8	17 and she desires definitive therapy." Did I read that		
9	18 correctly?		
10	19 A. Correct.		
11	20 Q. What did you mean by "definitive therapy"?		
12	21 A. For her bleeding, for her -- so since she's		
13	22 not interested in future fertility she didn't have any		
14	23 reluctance to having her uterus removed.		
15	24 Q. Was she having bleeding at that time?		
16	25 A. She all along in our chart was talking		
17	173		
18	1 about irregular bleeding and bleeding issues. That		
19	2 wasn't the main focus of this surgery except that to		
20	3 improve her symptomatic prolapse, if you remove the		
21	4 uterus it's helpful.		
22	5 Q. And it would also help with the bleeding		
23	6 that she was experiencing?		
24	7 A. Exactly. Double fold.		
25	8 Q. And am I also correct that at the time of		
26	9 this record Ms. Sanchez of having loss of urine with		
27	10 coughing, sneezing and movement, right?		
28	11 A. Correct.		
29	12 Q. And that she was wearing a panty liner		
30	13 every day?		
31	14 A. Correct.		
32	15 Q. And am I also correct she was also		
33	16 urinating with intercourse?		
34	17 A. Correct.		
35	18 Q. And that she thought that was very		
36	19 embarrassing; is that right?		
37	20 A. Correct.		
38	21 Q. It also says that she was experiencing		
39	22 occasional fullness and pressure vaginally; is that		
40	23 right?		
41	24 A. Yes.		
42	25 Q. It says, "Her husband states he hit		
43	174		
44	1 something when they have intercourse." Did I read that		
45	2 correctly?		
46	3 A. Yes.		
47	4 Q. Do you recall her telling you about that?		

1	TESTIMONY	OBJECTION	RESPONSE
2	5 A. Yeah. I mean, specifically, not		
3	6 necessarily. I shouldn't say yeah.		
4	7 Q. Do you remember --		
5	8 A. I just remember it was a problem,		
6	9 intercourse was a problem.		
7	174:19-21 [BOSTON SCIENTIFIC]		
8	19 Q. So at some point she conveyed to you that		
9	20 they were having some difficulty with intercourse prior		
10	21 to January 2010?		
11	174:23		
12	23 THE WITNESS: Because of the prolapse.		
13	174:25-175:2 [PLAINTIFFS COMPLETENESS		
14	DESIGNATION]		
15	25 Q. Okay. Did she tell you whether she was		
16	175		
17	1 having pain with intercourse prior to that implant?		
18	2 A. I don't have that written down.		
19	175:18-20 [BOSTON SCIENTIFIC]		
20	18 Q. Am I correct that you performed the		
21	19 cystectomy on Ms. Sanchez in 2003, right?		
22	20 A. 2004, correct.		
23	176:2-6 [BOSTON SCIENTIFIC] [Referencing Def. Ex.		
24	15]		
25	2 Q. And this is the operative report for that		
26	3 surgery.		
27	4 MR. MORELAND: What's the date?		
28	5 MS. WEILER: 12/29/03.		
29	6 THE WITNESS: So yes, that was me.		
30	176:11-177:3 [BOSTON SCIENTIFIC] [Referencing Def.		
31	Ex. 15]		
32	11 Q. So that 2003 surgery that you performed,		
33	12 you've got the op report in front of you still?		
34	13 A. Yes.		
35	14 Q. Turn to the second page of that in the		
36	15 first large full paragraph beginning with a third skin		
37	16 incision.		
38	17 A. Correct.		
39	18 Q. It says, the second sentence, "Using a		
40	19 blunt probe the adhesions in the posterior cul de sac		
41	20 were easily broken up." Did I read that correctly?		
42	21 A. Yes.		
43	22 Q. What adhesions were you referring to?		

1	TESTIMONY	OBJECTION	RESPONSE
23	A. So many times when a patient has had		
24	surgery or an infection or other things you can have		
25	adhesions where -- this is talking about in the		
3	177		
4	1 posterior cul de sac, it would be the bowel or feeling		
5	2 adhesions, your ovaries, things that are sort of down in		
6	3 the pelvis can just stick.		
7	187:22-188:8 [BOSTON SCIENTIFIC] [Referencing Def.		
8	Ex. 15]		
9	22 Q. So is this your H&P for that October 12th,		
10	23 2010 procedure?		
11	24 A. Yes.		
12	25 Q. So --		
13	188		
14	1 A. Gynecology history.		
15	2 Q. Yeah. What is human papillomavirus?		
16	3 A. It's a virus that can cause abnormalities		
17	4 in PAP smears and can cause genital warts and some		
18	5 other		
19	6 things we don't quite know yet.		
20	7 Q. And she had had a history of that?		
21	8 A. She had a history of abdominal PAP smears		
22	9 more than ten years ago, if I remember.		
23	218:15-17 [BOSTON SCIENTIFIC]		
24	15 Q. Okay. Is there any question in your mind		
25	16 as Ms. Sanchez' physician that she is experiencing pain		
26	17 as a result of her mesh?		
27	218:20-21 [BOSTON SCIENTIFIC]		
28	20 THE WITNESS: She has occasional		
29	21 discomfort, yeah.		
30			
31			
32			
33			
34			
35			
36			
37	199:14-16 [BOSTON SCIENTIFIC]		
38	14 Q. Counsel said earlier today that you had met		
39	15 him before; is that right?		

1	TESTIMONY	OBJECTION	RESPONSE
2	16 A. Correct.		
3	200:1-19 [BOSTON SCIENTIFIC]		
4	1 Q. And how long did you meet with him?		
5	2 A. Maybe an hour.		
6	3 Q. And what did you discuss?		
7	4 A. Just what would be going on today.		
8	5 Q. And so what did that entail?		
9	6 A. It just entailed he asked me about myself		
10	7 and asked me about -- just getting a sense of my		
11	8 practice and who I was, what kind physician I was, and		
12	9 then specifically telling me what is happening with this		
13	10 case and how I was not necessarily being sued, it was --		
14	11 I'm sort of a bystander on all of this.		
15	12 Q. And what did he tell you in particular with		
16	13 regard to what's happening with this case?		
17	14 A. He explained that, you know, many cases are		
18	15 in discovery like this, and this case may go to a trial		
19	16 and that there were some issues with some of the		
20	17 product		
21	18 and that was something that would be brought up today,		
22	19 but it wouldn't be something -- I didn't -- we didn't		
23	20 look into the specifics of stuff like that.		
24	201:4-14 [BOSTON SCIENTIFIC]		
25	4 Q. When you talked with Mr. Moreland on that		
26	5 occasion approximately two weeks ago, did he talk to		
27	6 you		
28	7 about potential areas of topics of testimony that we'd		
	8 be talking about today?		
	9 A. Just areas of concern about the case.		
	10 Q. For instance?		
	11 A. You know, because I was wondering is it		
	12 operator error, is it a problem with the mesh, and so he		
	13 said, you know, one thing is the mesh in general and		
	14 just the procedure and the case and the patient, just		
	15 all of it sort of together.		
	201:24-25 [BOSTON SCIENTIFIC]		
	24 Q. Did you talk about anything with regard to		
	25 the risks associated with Pinnacle or the Advantage Fit?		
	202:2-4 [BOSTON SCIENTIFIC]		
	2 THE WITNESS: Alluded to the fact that		
	3 there may be some information brought up today, but did		
	4 not tell me anything specific.		
	202:6-13 [BOSTON SCIENTIFIC]		



1	<b>TESTIMONY</b>	<b>OBJECTION</b>	<b>RESPONSE</b>
2	6 Q. And after that meeting did you meet with		
3	7 Mr. Moreland again on another occasion?		
4	8 A. Last night.		
5	9 Q. For how long?		
6	10 A. For I think less than an hour.		
7	11 Q. What was the nature of your meeting last		
8	12 night?		
9	13 A. Same thing.		
10			
11			
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1 All signatories listed, and on whose behalf the filing is submitted, concur in the  
2 filing's content and have authorized the filing.

3  
4 Dated: May 4, 2015

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8 Dated: May 4, 2015

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**CERTIFICATE OF SERVICE**

I hereby certify that on May 4, 2015, I caused the foregoing to be electronically filed with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the e-mail addresses denoted on the Electronic Mail Notice List, and I hereby certify that I caused the foregoing document or paper to be mailed via the United States Postal Service to the non-CM/ECF participants.

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on May 4, 2015.

DATED: May 4, 2015

Respectfully Submitted,

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